Fill in this information to identify your case:		
United States Bankruptcy Court for the :		
NORTHERN District of ILLINOIS (State)		
Case Number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is a amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	Juan First name	Yamil First name
	identification (for example,		riistiiailie
	your driver's license or	Antonio Middle name	Middle name
	passport).		
	Bring your picture	Silva Last name	Silva Last name
	identification to your meeting with the trustee.	Last name	Last name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8	First name	First name
	years		
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>8857</u>	xxx - xx - <u>8766</u>
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx	9 xx - xx

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Document Silva Juan Antonio Debtor 1 Case Number (if known) Last Name

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	Business name Business name EIN EIN	Business name Business name EIN EIN		
5.	Where you live	10229 Chestnut Ave. Number Street	If Debtor 2 lives at a different address: Number Street		
		Unit 2F Franklin Park IL 60131 City State ZIP Code COOK County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number Street P.O. Box City State ZIP Code	County If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. Number Street P.O. Box City State ZIP Code		
6.	Why you are choosing this district to file for bankruptcy.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408		

Last Name

Debtor 1 Juan Antonio Document Silva Page 3 of 66

Case Number (if known)

Pa	Tell the Court About You	ır Bankruptcy	Case					
7.	The chapter of the Bankruptcy Code you		,	,	equired by 11 U.S.C. § 342(b) for Individuals page 1 and check the appropriate box.			
	are choosing to file	■ Chap	iter 7					
	under	☐ Chap	ter 11					
		☐ Chapter 12						
		☐ Chap	ter 13					
8.	How you will pay the fee	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapt By law, a judge may, but is not required to, waive your fee, and may do so only if your incoless than 150% of the official poverty line that applies to your family size and you are unable pay the fee in installments). If you choose this option, you must fill out the Application to Hail and the sum of the file of the file of the sum of the sum of the file of the sum of the						
9.	Have you filed for bankruptcy within the last 8 years?	■ No	District None	When _	Case Number			
			District None	When	Case Number			
			District	When _	Case Number			
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by	■ No			Relationship to you Case Number, if known MM / DD / YYYY			
	affiliate?				Relationship to you Case Number, if known MM / DD / YYYY			
11.	Do you rent your residence?	□ No. ■ Yes.	residence?	, ,	ent against you and do you want to stay in your			
			■ No. Go to line □ Yes. Fill out <i>Ir</i> this bankrupto	nitial Statement About an E	Eviction Judgment Against You (Form 101A) and file it with			

_{or 1} Juan	Antonio	Document Silva	Page 4 of 66 Case Number (if know	vn)	
First Name	Middle Name	Last Name			
Report About Any Busine	esses You Own a	s a Sole Proprietor			
Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a		Go to Part 4. Name and location of business			
business you operate as an individual, and is not a separate legal entity such as	- !	Name of business, if any			
a corporation, partnerhsip, or LLC. If you have more than one sole proprietorship, use a separate sheed and attach it	-	Number Street			
to this petition.	-	Dity		State Zip Code	
	(Check the appropriate box to d	lescribe your business:		
		☐ Health Care Business (as	defined in 11 U.S.C. § 101(27A))		
		☐ Single Asset Real Estate	(as defined in 11 U.S.C. § 101(51B))		
		☐ Stockbroker (as defined in	n 11 U.S.C. § 101(53A))		
		☐ Commodity Broker (as de	efined in 11 U.S.C. § 101(6))		
		☐ None of the above			
Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>	appropriate balance she	deadlines. If you indicate that	t must know whether you are a small busi you are a small business debtor, you must sh-flow statement, and federal income tax ire in 11 U.S.C. § 1116(1)(B).	t attach your most recer	nt
debtor? For a definition of small	No. I a	m not filing under Chapter 11.			
business debtor, see 11 U.S.C. § 101(51D).		m filing under Chapter 11, but Bankruptcy Code.	l am NOT a small business debtor accordi	ing to the definition in	
	_	m filing under Chapter 11 and ankruptcy Code.	I am a small business debtor according to	the definition in the	
IT 4: Report if You Own or Ha	ve Any Hazardou	s Property or Any Property Tha	t Needs Immediate Attention		

property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety?

Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.					
Yes.	What is the hazard?			 	
	If immediate attention is	needed, why i	s it needed? _	 	
	Where is the property? _	Number	Street		
		City		 State	ZIP Code
		City		State	ZII- COUE

Debtor 1

Antonio

Document

Page 5 of 66

Juan

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing ab	ou
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Juan Antonio Document

Debtor 1

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Case Number (if known)

	First Name	Middle Name La	ast Name				
Pa	rt 6: Answer These Question	s for Reporting Purposes					
16.	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17.					
	 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 						
			3 you owe that are not consumer	debts of business debts.			
17.	Are you filing under Chapter 7?	_	nder Chapter 7. Go to line 18.		in avaludad and		
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?		r Chapter 7. Do you estimate that expenses are paid that funds will b				
18.	How many creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000		☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000		
19.	How much do you estimate your assets to be worth?	■ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 \$10,000,001-\$1 \$50,000,001-\$1 \$100,000,001-\$1	50 million 100 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 ■ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$1,000,001-\$10 □ \$10,000,001-\$1 □ \$50,000,001-\$1 □ \$100,000,001-\$1	50 million 100 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
Pa	rt 7: Sign Below						
For	you	correct. If I have chosen to file unde	on, and I declare under penalty of er Chapter 7, I am aware that I ma ode. I understand the relief availab	ay proceed, if eligible, unde	er Chapter 7, 11,12, or 13		
		- ·	e and I did not pay or agree to pa ned and read the notice required	=	attorney to help me fill out		
		I request relief in accordance	ce with the chapter of title 11, Unit	ted States Code, specified	in this petition.		
		_	e statement, concealing property, result in fines up to \$250,000, or 119, and 3571.				
		/s/ Juan Antonio Signature of Debtor 1		/s/ Yamil Signature of			
		Executed on 12/12 MM	2/2016 / DD / YYYY	Executed on	12/12/2016 MM / DD / YYYY		

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Debtor 1	Juan	Antonio	Silva	Case Number	(if known)		
	First Name	Middle Name	Last Name				
represe	r attorney, if you are nted by one re not represented	proceed under Chapt each chapter for whic 11 U.S.C. § 342(b) ar	debtor(s) named in this petition, deer 7, 11, 12, or 13 of title 11, United the the person is eligible. I also certind, in a case in which § 707(b)(4)(D schedules filed with the petition is i	States Code, and have ex y that I have delivered to t) applies, certify that I have	oplained the re he debtor(s) the	lief available under ne notice required by	
by an attorney, you do not need to file this page.					Date: 12/14/2016		
	o to pago.	/s/ David Kosk Signature of Attorney for Debtor		Date	MM / DD		
		Oignature of 7th	officy for Debtor		WIIWI 7 DD 1	, , , , , ,	
		David K	osk				
		Printed name					
		Geraci Law L.L.C.					
		Firm name					
		55 E. Mo	onroe St., #3400				
		Number Stre	et				
							
		Chicago		IL	60603		
		City		State	ZIP C	ode	
		Contact Phone	312-332-1800	Email ad	_{dress} <u>ndil</u>	@geracilaw.com	
		6309470)	IL			

State

Bar number

		80	Odificit	<u> </u>
Fill in this in	formation to	identify your case:		
Debtor 1	Juan	Antonio	Silva	
	First Name	Middle Name	Last Name	
Debtor 2	Yamil		Silva	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Co	urt for the : <u>NORTHERN</u> District of <u>ILL</u>	INOIS_ (State)	
Case Number				
(If known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1:	Summarize Your Assets	
		Your assets Value of what you own
	e A/B: Property (Official Form 106A/B) v line 55, Total real estate, from Schedule A/B	\$0
1ь. Сору	line 62, Total personal property, from Schedule A/B	\$ 8,030
1с. Сору	v line 63, Total of all property on Schedule A/B	\$ 8,030
Part 2:	Summarize Your Liabilities	
		Your liabilities Amount you owe
	e D: Creditors Who Have Claims Secured by Property (Official Form 106D) the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0
	e E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0 \$195,008
3ь. Сору	the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$190,000
Part 3:	Summarize Your Liabilities	
	e I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I	\$4,197.51
	e J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J	\$4,194.00

Case 16-39468 Doc 1 Filed 12/15/16 Entered 12/15/16 12:19:19 Desc Main Page 9 of 66 Document Debtor 1 Juan Antonio Case Number (if known) _ First Name Middle Name Last Name **EntriesDescription AssetsAmount LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$6,015.02 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 3,000.00

\$ 0.00

\$ 0.00

\$ 3,000.00

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

	Caso 1	6 20/169 Doc 1	Filod 12/15/16	Entered 12/15/16 12:19:19) Desc	c Main	
Fill in this in	formation to ide	ntify your case and this filing:		0 of 66	, 500	o man	
Debtor 1	Juan	Antonio	Silva				
	First Name Yamil	Middle Name	Last Name Silva				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States	Bankruptcy Court f	or the : <u>NORTHERN</u> District of	ILLINOIS				
Case Number	r		(State)			Check if this is	s an
(If known)						amended filing)
	orm 106A						
	e A/B: Pr						12/15
				t fits in more than one category, list the asse narried people are filing together, both are ec			
•		ct information. If more space is se number (if known). Answer e	•	te sheet to this form. On the top of any addit	tional		
		sidence, Building, Land, or Other		ave an Interest In			
		gal or equitable interest in any					
No.							
Yes. 2. Add the do		portion you own for all of your	entries fro Part 1, includi	ng any entries for pages			
				>			\$0.00
Part 2:	Describe Your Ve	hicles					
Do you own le	ease or have led	ial or equitable interest in any v	vehicles whether they ar	e registered or not? Include any vehicles			
=	_	·		xecutory Contracts and Unexpired Leases.			
	s, trucks, tractor	s, sport utility vehicles, motoro	ycles				
No.	Describe						
04. Watercraf	t, aircraft, motor	homes, ATVs and other recrea	·	·			
No.	. boats, trailers, mot	ors, personal watercraft, fishing vess	eis, snowmobiles, motorcycle	accessories			
Yes.		andian variante for all of varia	omtuloo fuo Dout 2 implicali	uu auvantiisa fan usaas			
	-	oortion you own for all of your all of the all of t	entries iro Part 2, includi	>			\$ 0.00
Part 3:	Describe Your Pe	rsonal and Household Items					
	r have any legal	or equitable interest in any of t	he following items?			Current value of	the
Do you own o	i ilave ally legal	or equitable interest in any or t	ne following items:			portion you own?	?
						Do not deduct secur or exemptions	ed claims
	d goods and furr	nishings furniture, linens, china, kitchenware					
No.	. Імајог аррналоса, і	uriture, ilieris, erina, kitereriware					
Yes.	Describe	Furniture, linens, small appliances,	table & chairs, bedroom set		\$2,000		
07. Electronic	•					\$	2,000.00
Examples:	Televisions and rad	dios; audio, video, stereo, and digital		rs, scanners; music			
collections No.	; electronic devices	including cell phones, cameras, med	lia players, games				
Yes.	Describe	3 Flat screen TV, laptop, 3 tablet, g	naming system and games 2	cell nhone	\$500		
		o riac sorcen i v, iaptop, o tablet, g	garring system and garries, 2	Sen phone	4000	\$	500.00
08. Collectible Examples:		nes; paintings, prints, or other artwor	k; books, pictures, or other ar	t objects;			
stamp, coi	n, or baseball card o	collections; other collections, memora	abilia, collectibles				
Yes.	Describe						
						\$	0.00

Official Form 106A/B Record # 715612 Schedule A/B: Property Page 1 of 6

Case 16-39468

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Page 11 of 6 dumber (if known)

Desc Main

Juan	AHUH		
First Name	Middle Na		

Middle Name

Document Last Name

09.	Examples:			icycles, pool tables, golf clubs, skis; canoes		
	Yes.	Describe	2 Bicycles		\$200	\$ <u>200.0</u> 0
10.	Examples:	Pistols, rifles, shotç	guns, ammunition, and related equipment			
	Yes.	Describe				\$0.00
11.	Examples:	Everyday clothes, t	furs, leather coats, designer wear, shoes, a	ccessories		
	Yes.	Describe	Everyday clothes, shoes, accessories		\$200	\$200.00
12.	Jewelry Examples: gold, silver No.	Everyday jewelry, o	costume jewelry, engagement rings, weddir	ng rings, heirloom jewelry, watches, gems,		
	Yes.	Describe	Costume Jewelry		\$800	\$ <u>800.0</u> 0
13.	Non-farm a Examples: No.	unimals Dogs, cats, birds, h	norses			
	Yes.	Describe	Family pets; 1 dog		\$0	\$ 0.00
14.	Any other No.	personal and ho	ousehold items you did not already l	ist, including any health aids you did not list		
	Yes.	Describe	Books, CDs, DVDs & Family Photos		\$50	\$50.00
			of your entries from Part 3, including	g any entries for pages you have attached	->	\$3,750.00
	Part 4:	escribe Your Fin	ancial Assets			
Do	you own oi	have any legal	or equitable interest in any of the fo	llowing?		Current value of the portion you own? Do not deduct secured claims or exemptions
16.	Cash Examples:		your wallet, in your home, in a safe deposi	it box, and on hand when you file your petition		
	Yes.	Describe				\$0.00
17.		Checking, savings,	or other financial accounts; certificates of of you have multiple accounts with the same	deposit; shares in credit unions, brokerage houses, institution, list each.		
	Yes.	Describe	Account Type: Ins Savings Account	stitution name: Delta Community Credit Union		\$0.00
			Savings Account	Bank of America		\$ 40.00
			Checking Account Checking Account	Bank of America Delta Community Credit Union		\$ 400.00 \$ 100.00
			Checking Account	Chase Bank		\$ 300.00
18.		-	ublicly traded stocks			\$ <u>480.0</u> 0
	Examples: No.	Bond funds, invest	ment accounts with brokerage firms, money	y market accounts		
	Yes.	Describe	Institution or issuer name:			\$ <u> </u>

Debtor 1

Juan

Case 16-39468 Doc 1

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Desc Main

First Name

Document Last Name

19.		ly traded stock	and interests in incorporated and unincorporated businesses, including an interest in		
	No. Yes.	Describe	Name of Entity and Percent of Ownership:	s	0.00
20.	Negotiable	nstruments include	e bonds and other negotiable and non-negotiable instruments e personal checks, cashiers' checks, promissory notes, and money orders. e those you cannot transfer to someone by signing or delivering them.	-	
	Yes.	Describe	Issuer name:	\$_	0.00
21.		or pension acc nterests in IRA, El	counts RISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
	Yes.	Describe	Type of account and Institution name: 401(k) or similar plan With Employer	\$_	Unknown
22.	Security de	posits and pre	payments	\$_	0.00
	Your share	of all unused depo	sists you have made so that you may continue service or use from a company andlords, prepaid rent, public utilities (electric, gas, water), telecommunications		
	Yes.	Describe	Institution name or individual:	\$	0.00
23.	Annuities (A contract for a	periodic payment of money to you, either for life or for a number of years)	-	
	Yes.	Describe	Issuer name and description:	\$_	0.00
24.		an education I § 530(b)(1), 529A(RA, in an account in a qualified ABLE program, or under a qualified state tuition program. b), and 529(b)(1).		
	Yes.	Describe	Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):	\$_	0.00
25.	No.		interests in property (other than anything listed in line 1), and rights or powers		
	Yes.	Describe		\$_	0.00
26.			marks, trade secrets, and other intellectual property mes, websites, proceeds from royalties and licensing agreements		
	Yes.	Describe		\$_	0.00
27.			other general intangibles xclusive licenses, cooperative association holdings, liquor licenses, professional licenses		
	Yes.	Describe		\$_	0.00
Moi	ney or prop	erty owed to yo	u?	Current value portion you of Do not deduct so or exemptions	own?
28.	Tax refund	s owed to you			
	Yes.	Describe	Anticipated 2016 tax refunds \$3,6	300 \$	3,800.00
29.	Examples: I	-	um alimony, spousal support, child support, maintenance, divorce settlement, property settlement		
	Yes.	Describe		\$_	0.00
					_

Debtor 1

Juan

Case 16-39468 Antonio Doc 1

Desc Main

First Name

Middle Name

Document Last Name

Filed 12/15/16 Entered 12/15/16 12:19:19

Document Page 13 of 6 bumber (if known)

30.	Other amo	unts someone o	owes you		
	Examples:	Unpaid wages, dis	ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,		
	Social Secu	ırity benefits; unpa	id loans you made to someone else		
	No.				
	Yes.	Describe		1	
		2000		\$	0.00
31	Interest in	insurance polic	lies	_ ·	
٠		-	r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance		
		ricaiti, disability, c			
	No.		Company Name & Beneficiary:	-	
	Yes.	Describe			
			Term Life Insurance (No Cash Surrender Value) \$0		
					0.00
32.	Any interes	st in property th	at is due you from someone who has died		
	If you are th	ne beneficiary of a	living trust, expect proceeds from a life insurance policy, or are currently entitled to receive		
	property be	cause someone ha	as died.		
	No.				
	Yes.	Describe		1	
				\$	0.00
33	Claims aga	inst third nartie	s, whether or not you have filed a lawsuit or made a demand for payment		
٠٠.	_	-	ment disputes, insurance claims, or rights to sue		
	No.	ricoldenio, employ	The Halperton, mortaline stands, or righter to each		
				7	
	Yes.	Describe			
				\$	0.00
34.	Other cont	ingent and unli	quidated claims of every nature, including counterclaims of the debtor and rights		
	No.				
	Yes.	Describe		1	
	163.	Describe	Co-Debtor's 1/2 share of deceased son Hector J. Rodriguez's intestate estate consisting of three unpaid		
			\$20,293.54 annuity payments from State Farm stemming from a settled personal injury case; 04 L		
			007324		
				\$	0.00
35	Any financ	ial assets vou c	id not already list		
٠٠.		iai assets you c	in list all carry list		
	No.			-	
	Yes.	Describe			
				\$	0.00
36.	Add the do	llar value of all	of your entries from Part 4, including any entries for pages you have attached		
	for Part 4. V	Vrite that numb	er here>	\$4,0	640.00
		Acceribe Any Rus	iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.		
	Part 5:	escribe Any Bus	iness-Related Property fou Own or have an interest in. List any real estate in Part 1.		
37.	Do you ow	n or have any le	egal or equitable interest in any business-related property?		
	No.				
	Yes.				
	L res.				
				Current value of the	
				portion you own?	
				Do not deduct secured of	claims
				or exemptions	
38.	Accounts r	eceivable or co	mmissions you already earned		
	No.		• • • • • • • • • • • • • • • • • • • •		
	=				
	Yes.	Describe			
					0.00
39.	Office equi	pment, furnishi	ngs, and supplies		
	Examples:	Business-related of	omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices		
	No.				
	Yes.	Describe		1	
		Docombo		\$	0.00
40	Maahinami	fivtures equip	ment cumulica you use in hypiness and tools of your trade	Ψ	
40.		, fixtures, equip	ment, supplies you use in business, and tools of your trade		
	No.				
	Yes.	Describe			
	_			\$	0.00
41.	Inventory				
	No.				
	=	D		1	
	Yes.	Describe			0.00
				<u></u>	0.00

First Name 42. Interests in partnerships or joint ventures Nο Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ----Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Yes. Describe..... 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed Yes. Describe..... 0.00 51. Any farm- and commercial fishing-related property you did not already list Yes. Describe..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00 for Part 6. Write that number here ----Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Describe..... 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here -->

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Document Page 15 of 66 Pumber (if known) Case 16-39468 Doc 1 Juan Debtor 1

First Name

Part 8: List the Totals of Each Part of this Form		1
55. Part 1: Total real estate, line 2		\$ 0.00
56. Part 2: Total vehicles, line 5	\$ 0.00	
57. Part 3: Total personal and household items, line 15	\$ 3,750.00	
58. Part 4: Total financial assets, line 36	\$ 4,640.00	
59. Part 5: Total business-related property, line 45	\$ 0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00	
61. Part 7: Total other property not listed, line 54	\$ 0.00	
62. Total personal property. Add lines 56 through 61	\$ 8,390.00	\$ 8,390.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$8,390.00

Desc Main

Record # 715612 Page 6 of 6 Official Form 106A/B Schedule A/B: Property

Fill in this information to identify your case:						
Debtor 1	Juan	Antonio	Silva			
	First Name	Middle Name	Last Name			
Debtor 2	Yamil		Silva			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court fo	or the : <u>NORTHERN</u> District of _	ILLINOIS(State)			
Case Number	r	·····				
(If known)						

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

_	emptions are you claiming? Check		•	
_	ming state and federal nonbankrupt	•	3 227(n)(q)	
	ming federal exemptions. 11 U.S.C.	§ 522(b)(2)		
			sha tufa wasaki su balaw	
or any propert	y you list on Schedule A/B that yo	u ciaim as exempt, fili in t	ne information below.	
	on of the property and line on hat lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief escription:	Furniture, linens, small appliances, table & chairs, bedroom set	\$_2,000	\$	735 ILCS 5/12-1001(b) - \$2,000.00
ine from Schedule A/B:	<u>06</u>		100% of fair market value, up to any applicable statutory limit	
rief escription:	3 Flat screen TV, laptop, 3 tablet, gaming system and games, 2 cell phone	\$_ 500	 \$	735 ILCS 5/12-1001(b) - \$500.00
ine from chedule A/B:	<u>07</u>		100% of fair market value, up to any applicable statutory limit	
rief escription:	2 Bicycles	\$_ 200	□\$	735 ILCS 5/12-1001(b) - \$200.00
ine from chedule A/B:	09		100% of fair market value, up to any applicable statutory limit	
rief escription:	Everyday clothes, shoes, accessories	\$ <u>200</u>	□ \$	735 ILCS 5/12-1001(a),(e) - \$200.00
ine from chedule A/B:	11		100% of fair market value, up to any applicable statutory limit	
	S Pacard # 715612			

Case 16-39468 Doc 1 Filed 12/15/16 Entered 12/15/16 12:19:19 Desc Main Page 17 of 66 Case Number (if known)

Debtor 1 Juan

Antonio

Dogument

First Name Middle Name Last Name

Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Costume Jewelry	\$ <u>800</u>	 \$	735 ILCS 5/12-1001(a),(e) - \$800.00
Line from Schedule A/B:	12		100% of fair market value, up to any applicable statutory limit	
Brief description:	Books, CDs, DVDs & Family Photos	\$ <u>50</u>	\$	735 ILCS 5/12-1001(a) - \$50.00
Line from Schedule A/B:	14		100% of fair market value, up to any applicable statutory limit	
Brief description:	Savings Account, Delta Community Credit Union, 0.00	\$ <u>0</u>	\$	735 ILCS 5/12-1001(b) - \$0.00
Line from Schedule A/B:	<u>17</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	Checking Account, Bank of America, 400.00	\$ <u>40</u>	\$	735 ILCS 5/12-1001(b) - \$40.00
Line from Schedule A/B:	<u>17</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	Savings Account, Bank of America, 40.00	\$_40	\$	735 ILCS 5/12-1001(b) - \$40.00
Line from Schedule A/B:	<u>17</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	Checking Account, Delta Community Credit Union, 100.00	\$ <u>100</u>	\$	735 ILCS 5/12-1001(b) - \$100.00
Line from Schedule A/B:	<u>17</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	Checking Account, Chase Bank, 300.00	\$ <u>300</u>	 \$	735 ILCS 5/12-1001(b) - \$300.00
Line from Schedule A/B:	<u>17</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	401(k) or similar plan, With Employer, 0.00	\$Unknown	 \$	735 ILCS 5/12-1006 - \$0.00
Line from Schedule A/B:	21		100% of fair market value, up to any applicable statutory limit	
Brief description:	Anticipated 2016 tax refunds	\$_3,800	\$	735 ILCS 5/12-1001(g)(1)(2)(3) - \$2,200.00
Line from Schedule A/B:	28		100% of fair market value, up to any applicable statutory limit	
Brief description:	Co-Debtor's 1/2 share of deceased son Hector J. Rodriguez's intestate estate consisting of three unpaid	\$Unknown	\$_3,220 	735 ILCS 5/12-1001(b) - \$3,220.00
Line from Schedule A/B:	\$20,293.54 annuity payments from 34		100% of fair market value, up to any applicable statutory limit	

Debtor 1 Juan Antonio Dosiment Page 18 of 66 Case Number (if known)

Last Name

Middle Name

First Name

Brief description of the prope Schedule A/B that lists this pr		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
e you claiming a homestead	d exemption of mo	ore than \$155,675?		
bject to adjustment on 4/01	/16 and every 3 ye	ears after that for cases filed o	on or after the date of adjustment .)	
No. Yes. Did you acquire the property No. No. Yes.	roperty covered by	the exemption within 1,215 o	days before you filed this case?	

Fill in this i	Caso 16 nformation to identi		Eilad 12/15/16	Entered 12/15 9 of 66	5/16 12:19:19	Desc Main	
Debtor 1	Juan	Antonio	Silva				
	First Name	Middle Name	Last Name				
Debtor 2	Yamil		Silva				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Case Numbe		the : <u>NORTHERN</u> District of	(State)			Check if this	0.0 0
, ,						amended iii	iirig
Schedule Be as complete information. If additional page	e and accurate as p more space is need es, write your name	rs Who Have Clair cossible. If two married peop ded, copy the Additional Pag and case number (if known	le are filing together, both e, fill it out, number the e	h are equally responsibl		ny	12/15
_ `		secured by your property? ubmit this form to the court wit	h your other schedules. Yo	ou have nothing else to r	eport on this form.		
No. C		ubmit this form to the court wit	h your other schedules. Yo	ou have nothing else to r	eport on this form.		
No. C	neck this box and su	ubmit this form to the court wit ation below.	h your other schedules. Yo	ou have nothing else to r	eport on this form.		
No. Cl	neck this box and su	ubmit this form to the court wit ation below.			eport on this form. Column A	Column A	Column C
No. Co Yes. F Part 1: 2. List all se	neck this box and sull in all of the inform. List All Secured Claincured claims. If a c	ubmit this form to the court wit ation below. ims creditor has more than one see	cured claim, list the credito	or separately	Column A Amount of claim	Value of collateral	Unsecured
Yes. F Part 1: 2. List all se for each c	neck this box and sull in all of the inform. List All Secured Clain cured claims. If a claim. If more than co	ubmit this form to the court wit ation below.	cured claim, list the creditors	or separately s in Part 2.	Column A		

Fill in		20/69		Filad 12/15/16		5/16 12:19:19	Desc Mai	n
FIII III	tills illioilliat	ion to identify your cas	· ·		0 of 66			
Debto	or 1 Juar	1	Antonio	Silva				
	First Nar	ne N	/liddle Name	Last Name				
Debto	or 2 Yam	il		Silva				
(Spouse	e, if filing) First Nar	ne M	Middle Name	Last Name				
United	d States Bankrup	otcy Court for the :NOR	ΓHERN District of	<u>ILLINOIS</u>				
0	Ml.			(State)			ПCheck	if this is an
Case (If kno	Number own)							led filing
Jtt:∵:	al Carm	406E/E					Q	
JIIICI	al Form	106E/F						
<u>Sche</u>	dule E/F:	Creditors Wh	o Have Un	secured Claims	i			12/15
/B: Propreditors eeded, op of an Part 1	perty (Official s with partially copy the Part ny additional p List All	Form 106A/B) and on a secured claims that anyou need, fill it out, nu ages, write your name of Your PRIORITY Unsecured priority unsecured	Schedule G: Exec re listed in Sched mber the entries and case number ured Claims	. ,	expired Leases (Official live Claims Secured by Pi	Form 106G). Do not incl roperty. If more space is	ude any	
_ ∐ '	No. Go to Par	t 2.						
— `	Yes.							
non; unse	priority amoun ecured claims,	ts. As much as possible fill out the Continuation	, list the claims in Page of Part 1. If	as both priority and nonpr alphabetical order accordi more than one creditor ho as for this form in the instru	ng to the creditor's name olds a particular claim, list	. If you have more than t	vo priority rt 3. Priority	Nonpriority
0.4 F	Erica Vanopsta	al	Loot 4	digita of account number		\$ 0.00	amount \$ 0.00	amount \$ 0.00
2.1 C	Creditor's Name	Id Support Enforce	When	was the debt incurred?		<u> </u>		_
_				the date you file, the claim ntingent	is: Check all that apply.			
5	Springfield	IL 6270)1 =	liquidated				
	City 10 owes the de	State Zip C	ode 📛	sputed				
	Debtor 1 only	SET OFFICIAL OFFICE.	_					
	Debtor 2 only		Type	of PRIORITY unsecured cla	ıim:			
	Debtor 1 and De	ebtor 2 only	Do	mestic support obligations				
	At least one of t	he debtors and another	Та	xes and certain other debts yo	ou owe the government			
		laim relates to a						
	community de the claim subje		_	aims for death or personal inju	ry while you were			
13 (No	ct to onest:	_	oxicated ner. Specify Child Suppo	rt			
	Yes		Ott	ег. эреспу				
Part 2	List All	of Your NONPRIORITY U	nsecured Claims					
		nave nonpriority unsec	ured claims agair	est vou?				
_	_		_	form to the court with you	other schedules.			
	Yes.			-				
non; inclu	priority unsecu uded in Part 1.	red claim, list the creditor	or separately for e	etical order of the credit ach claim. For each claim ar claim, list the other cred	listed, identify what type	of claim it is. Do not list o	laims already	Total claim
								i otai olalili

Official Form 106E/F Record # 715612

Act Turners	Debtor 1	Juan Antonio	<u> Document</u> P	age 21 of 66 Case Number (if known)	
At of the date your file, the claim is: Check at that apply. Carrollton TX 75007 Oix State 20 Code Obtains 1 and 1 Obtains 2 and 1 Obtains 2 and 2 Obtains 2 and 3 of the date your file, the claim is: Check at that apply. Carringent Obtains 1 and 1 Obtains 2 and 2 Obtains 2 and 3 of the date your file, the claim is: Check at that apply. Carringent Obtains 1 and 1 Obtains 2 and 2 Obtains 2 and 3 of the date your file, the claim is Check at that apply. Carringent Obtains 2 and 3 of the date your file, the claim is Check at that apply. Carringent Obtains 2 of the dates 3 of the dates 3 of the dates 3 of the dates 4 of the dates					_
As of the date your file, the claim Is: Check all that apply. Confidence Check all that spots	4.1	AT T Uverse	Last 4 digits of account number _	5520	\$ <u>365.00</u>
Name				2016 2016	
Carrollon TX 75007 Carrollon TX 75007 Who owes the debt? Check or a fine 2 finish			When was the debt incurred?	2010-2010	
Carrollion TX 75007		Number Street			
Carrollon TX 75007 City State 2p Cock Who owes the debt7 chock one. Debtor 1 coty Debtor 1 coty Debtor 2 coty Debtor 3 community debt State 2 coty Debtor 2 coty Debtor 3 coty Debtor 3 coty Debtor 4 coty Debtor 4 coty Debtor 4 coty Debtor 5 coty Debtor			As of the date you file, the claim is	: Check all that apply.	
Disputed			Contingent		
Dispute Dispute Dispute			Unliquidated		
Debtor 1 only	w		Disputed		
Debtor 1 and Debtor 2 only	l ï	_			
Check if this claim relates to a community debt Conterts Name Conterts N			Type of NONPRIORITY uncoursed	olaim:	
All least one of the debtors and another Check if this datin relates to a community debt is the claim subject to offest? No	7	-		Ciaiiii.	
Check if this claim relates to a community dabt She claim subject to offset? She claim		=	=	tion agreement or diverse	
community debt Is the claim subject to offset? No Other: Specify Collecting for Creditor Yes 1700 W Cortland St Sts 2 Number Street As of the date you file, the claim is: Check all that apply. Chicago IL 60622 Chy Who owes the debt? Check one. Debter to run De					
Is the claim subject to offest? Other: Specify Collecting for Creditor	L	-			
No	ls	· ·	Debts to pension of profit-sharing p	olans, and other similar debts	
Ves Conder's Name T700 W Cortland St Ste 2 Number Street			Other Specify Collecting for C	Creditor	
Chicago IL 60622 City State Zip Code Who was the debt? Check one. Debtor 1 and Debtor 2 only Debtor and Debtor 2 only At least one of the debtors and another Community debt as the claim subject to offest? As of the date you file, the claim is: Check all that apply. Contingent As of the date you file, the claim is: Check all that apply. Contingent As of the date you file, the claim is: Check all that apply. Contingent Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? As of the date you file, the claim is: Check all that apply. Other. Specify Medical Debt When was the debt incurred? 2013-2013 When was the debt incurred? Disputed Other. Specify Medical Debt Ves Chicago IL 60622 City State Zip Code Who owes the debt? Check one. Obetor 1 and Debtor 2 only Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 3 and Debtor 3 and Debtor 3 and Debtor 4 and Debtor 4 and Debtor 5	[-	Other. Specify		
As of the date you file, the claim is: Check all that apply.	4.2	_	Last 4 digits of account number	4308	\$ 10.00
Number Street As of the date you file, the claim is: Check all that apply. Chicago City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Al least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? As of the date you file, the claim is: Check all that apply. Chicago IL 60622 City State Zip Code Who owes the debt? Check one. As of the date you file, the claim is: Check all that apply. Check if this claim relates to a community debt as the claim subject to offest? As of the date you file, the claim is: Check all that apply. Chicago IL 60622 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Chicago IL 60622 Chicago IL 60622 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only in the claim is: Check all that apply. Contingent Uniquidated Disputed Debtor 3 only in the claim is: Check all that apply. Contingent Uniquidated Disputed Debtor 4 only in the claim is: Check all that apply. Contingent Uniquidated Disputed Debtor 4 only in the claim is: Check all that apply. Contingent Uniquidated Debtor 4 only in the claim is: Check all that apply. Contingent Uniquidated Debtor 4 only in the claim is: Check all that apply. Contingent Uniquidated Debtor 4 only in the claim is: Check all that apply. Contingent Uniquidated Debtor 5 only in the claim is: Check all that apply. Contingent Uniquidated Debtor 5 only in the claim is: Check all that appl		Creditor's Name		2010 2010	
As of the date you file, the claim is: Check all that apply. Chicago IL 60622 City Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Litesat one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No ATC Gredit Chicago IL 60622 Number Street As of the date you file, the claim is: Check all that apply. Chicago IL 60622 City Who owes the debt? Check one. Debtor 1 only Debtor 1 only Chicago IL 60622 City State Zp Code Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Chick if this claim relates to a community debt Is the claim subject to offest? No Other. Specify Medical Debt Who owes the debt? Check one. Debtor 1 and Debtors and another Chick if this claim relates to a community debt Is the claim subject to offest? No Other. Specify Medical Debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingen		1700 W Cortland St Ste 2	When was the debt incurred?	2013-2013	
Chicago IL 60622 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Other: Specify Medical Debt Creditor's Name 1700 W Cortland St Ste 2 Number Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 9811 Creditor's Name 1700 W Cortland St Ste 2 Number Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		Number Street			
Chicago L 60622 Unliquidated Disputed Dispute			As of the date you file, the claim is:	: Check all that apply.	
Chicago L 60622 Unliquidated Disputed Dispute			Contingent	,	
City Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 only Debtor 2 only State As of the date you file, the claim is: Check all that apply. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and D		Chicago IL 60622	= '		
Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? ATG Credit Creditor's Name 1700 W Cortland St Ste 2 Number Street As of the date you file, the claim is: Check all that apply. Chicago Cliy State Zip Code Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Other. Specify Medical Debt Who was the debt incurred? 2014-2014 As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Other. Specify Medical Debt Type of NONPRIORITY unsecured claim: Student loans Other. Specify Medical Debt Other. Specify Medical Debt Other. Specify Medical Debt	١,,		'		
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Creditor's Name 1700 W Cortland St Ste 2 Number Street As of the date you file, the claim is: Check all that apply. Chicago IL 60622 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No When was the debt incurred? 2014-2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Debt	43	_	Last 4 digits of account number	9811	\$ 10.00
Number Street As of the date you file, the claim is: Check all that apply. Chicago IL 60622 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 anly Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Medical Debt	1.0	Creditor's Name			
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Chicago IIL 60622 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Debt		Number Street			
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Chicago IL 60622 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Other. Specify Medical Debt Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Debt				,	
City Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Debtor 1 and Debtor 3 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Medical Debt		Chicago IL 60622	= '		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Debt	l				
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Debt	"	¬	Disputed		
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Debt					
At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Debt		=		claim:	
Check if this claim relates to a that you did not report as priority claims community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Medical Debt	<u> </u>	=	=		
community debt Is the claim subject to offest? No Other. Specify Medical Debt	<u> </u>		_	-	
Is the claim subject to offest? No Other. Specify Medical Debt	[-	_ ` ` ` ` ` `		
No Other. Specify Medical Debt	10		Debts to pension or profit-sharing p	plans, and other similar debts	
Suite. Opcomy			Modical Daht		
			Other. Specifyivieuical Debt		

		Case 16-39468	DOC 1		Entered 12/15/16 12:19:19	Desc Main
Debtor 1	Juan	Antonio		Արբument	Page 22 of 66 Case Number (if known)	
	First Name	Middle Name		Last Name		
Part 2:	You	r NONPRIORITY Unsecured Cla	ims - Continua	tion Page		

After li	isting any entries on this page, number them b	eginning with 4.4, followed by 4.5, ar	nd so forth.	Total Claim
4.4	ATG Credit	Last 4 digits of account number	5309	\$ <u>20.00</u>
	Creditor's Name 1700 W Cortland St Ste 2	When was the debt incurred?	2013-2014	
	Number Street			
		As of the date you file, the claim is:	Check all that apply.	
	Chicago IL 60622	☐ Contingent☐ Unliquidated		
١,	City State Zip Code Who owes the debt? Check one.	Disputed		
ì	Debtor 1 only			
l i	Debtor 2 only	Type of NONPRIORITY unsecured of	claim:	
[Debtor 1 and Debtor 2 only	Student loans		
[At least one of the debtors and another	Obligations arising out of a separati	-	
[Check if this claim relates to a community debt	that you did not report as priority cla		
ı	s the claim subject to offest?	Debts to pension or profit-sharing p	ians, and other similar debts	
	No	Other. Specify Medical Debt		
	Yes ATG Credit	Last 4 digits of account number	5300	\$ 40.00
4.5	Creditor's Name	Last 4 digits of account number		Ψ_10100
	1700 W Cortland St Ste 2	When was the debt incurred?	2013-2014	
	Number Street			
		As of the date you file, the claim is:	Check all that apply.	
	Chicago IL 60622	Contingent		
	City State Zip Code	☐ Unliquidated☐ Disputed		
l ì	Who owes the debt? Check one.	Disputed		
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured of	Naim:	
l i	Debtor 1 and Debtor 2 only	Student loans	Julii.	
l i	At least one of the debtors and another	Obligations arising out of a separati	on agreement or divorce	
[Check if this claim relates to a	that you did not report as priority cla		
١,	community debt s the claim subject to offest?	Debts to pension or profit-sharing p	lans, and other similar debts	
l i	No	Other. Specify Medical Debt		
	Yes	Outon opeons		
4.6	ATG Credit	Last 4 digits of account number	4054	\$ <u>62.00</u>
	Creditor's Name 1700 W Cortland St Ste 2	When was the debt incurred?	2011-2011	
	Number Street			
		As of the date you file, the claim is:	Check all that apply.	
	Chicago IL 60622	Contingent		
	Chicago IL 60622 City State Zip Code	Unliquidated		
\ \ <u>`</u>	Who owes the debt? Check one.	Disputed		
	Debtor 1 only			
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured of Student loans	claim:	
	At least one of the debtors and another	Obligations arising out of a separati	on agreement or divorce	
	Check if this claim relates to a	that you did not report as priority cla	-	
'	community debt	Debts to pension or profit-sharing p		
	s the claim subject to offest?			
	No Yes	Other. Specify Medical Debt		

		Case 16-39468	Doc 1	Filed 12/15/16	Entered 12/15/16 12:19:19	Desc Main
Debtor 1	Juan	Antonio		Dൂറ്റument	Page 23 of 66 Case Number (if known)	
	First Name	Middle Name		Last Name		
Part 2:	Your	r NONPRIORITY Unsecured Cla	ims - Continua	tion Page		

After li	sting any entries on this page, number them b	eginning with 4.4, followed by 4.5, ar	nd so forth.	Total Claim
4.7	ATG Credit	Last 4 digits of account number _	4035	\$ <u>71.00</u>
	Creditor's Name	Miles and the debt in some 10	2011-2011	
	1700 W Cortland St Ste 2	When was the debt incurred?		
	Number Street			
		As of the date you file, the claim is	: Check all that apply.	
		Contingent		
	Chicago IL 60622	Unliquidated		
١,	City State Zip Code Who owes the debt? Check one.	Disputed		
l i	Debtor 1 only	В		
	Debtor 2 only	Time of NONDDIODITY improved	alaim.	
	=	Type of NONPRIORITY unsecured Student loans	ciaim:	
	Debtor 1 and Debtor 2 only	—		
	At least one of the debtors and another	Obligations arising out of a separat	-	
[Check if this claim relates to a	that you did not report as priority cl		
١,	community debt s the claim subject to offest?	Debts to pension or profit-sharing p	Dians, and other similar debts	
l i	No	Modical Dobt		
	Yes	Other. Specify Medical Debt		
4.8	ATG Credit	Last 4 digits of account number _	6109	\$ 85.00
4.0	Creditor's Name		 _	*
	1700 W Cortland St Ste 2	When was the debt incurred?	2010-2010	
	Number Street			
		A	Charle all that analy	
		As of the date you file, the claim is	. Спеск ан that арріу.	
	Chicago IL 60622	Contingent		
	City State Zip Code	Unliquidated		
V	Vho owes the debt? Check one.	Disputed		
[Debtor 1 only			
	Debtor 2 only	Type of NONPRIORITY unsecured	claim:	
[Debtor 1 and Debtor 2 only	Student loans		
li	At least one of the debtors and another	Obligations arising out of a separat	tion agreement or divorce	
1	Check if this claim relates to a	that you did not report as priority cl	aims	
"	community debt	Debts to pension or profit-sharing p	plans, and other similar debts	
<u> </u>	s the claim subject to offest?	_		
	No	Other. Specify Medical Debt		
	Yes			
4.9	ATG Credit	Last 4 digits of account number _	3192	<u>\$ 126.00</u>
1	Creditor's Name		2015-2016	
	1700 W Cortland St Ste 2	When was the debt incurred?	2010 2010	
	Number Street			
		As of the date you file, the claim is	: Check all that apply.	
		Contingent		
	Chicago IL 60622	Unliquidated		
,	City State Zip Code Vho owes the debt? Check one.	Disputed		
	Debtor 1 only	–		
	Debtor 2 only	Type of NONDRIGHTY	claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	Ciaiii.	
	╡	Student loans Obligations origing out of a congret	tion agreement or diverse	
	At least one of the debtors and another	Obligations arising out of a separat	-	
L	Check if this claim relates to a	that you did not report as priority cla		
,	community debt sthe claim subject to offest?	Debts to pension or profit-sharing p	orans, and other similar debts	
i	No	Other. Specify Medical Debt		
	Yes	Otner. SpecifyWedical Debt		

Official Form 106E/F

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After	listing any entries on this page, number them b	peginning with 4.4, followed by 4.5, and s	o forth.	Total Claim
4.10	ATG Credit	Last 4 digits of account number	1492	\$ 126.00
	Creditor's Name			
	1700 W Cortland St Ste 2	When was the debt incurred?	2015-2016	
	Number Street			
		As of the date you file, the claim is: Ch	eck all that apply.	
		Contingent		
	Chicago IL 60622	Unliquidated		
	City State Zip Code	Disputed		
	Who owes the debt? Check one.	Disputed		
	Debtor 1 only			
	Debtor 2 only	Type of NONPRIORITY unsecured clain	n:	
	Debtor 1 and Debtor 2 only	Student loans		
	At least one of the debtors and another	Obligations arising out of a separation a	greement or divorce	
	Check if this claim relates to a	that you did not report as priority claims		
	community debt	Debts to pension or profit-sharing plans.	, and other similar debts	
	Is the claim subject to offest?			
	■ No	Other. Specify Medical Debt		
4.44	BK OF AMER	Last 4 digits of account number	NULL	\$ 745.00
4.11	Creditor's Name	Last 4 digits of account number		Ψ <u>- 10.00</u>
	Po Box 982238	When was the debt incurred?	2015-2016	
	Number Street	_		
		A - of the data way file the plains in Ch	and all the town by	
		As of the date you file, the claim is: Ch	эск ан тлат арріу.	
	El Paso TX 79998	Contingent		
	City State Zip Code	Unliquidated		
	Who owes the debt? Check one.	Disputed		
	Debtor 1 only			
	Debtor 2 only	Type of NONPRIORITY unsecured clain	n:	
	Debtor 1 and Debtor 2 only	Student loans		
	At least one of the debtors and another	Obligations arising out of a separation a	greement or divorce	
	Check if this claim relates to a	that you did not report as priority claims		
	community debt	Debts to pension or profit-sharing plans,	, and other similar debts	
	Is the claim subject to offest?			
	No	Other. Specify Credit Card or Cred	dit Use	
_	Yes Constant ONE		2004	+ 0.00
4.12	_	Last 4 digits of account number	3284	\$ <u>0.00</u>
	Creditor's Name Po Box 27288	When was the debt incurred?	2014-2014	
	Number Street	_		
	Number Street			
		As of the date you file, the claim is: Ch	eck all that apply.	
	Tempe AZ 85285	Contingent		
	City State Zip Code	Unliquidated		
	Who owes the debt? Check one.	Disputed		
	Debtor 1 only			
	Debtor 2 only	Type of NONPRIORITY unsecured clain	n:	
	Debtor 1 and Debtor 2 only	Student loans		
	At least one of the debtors and another	Obligations arising out of a separation a	greement or divorce	
	Check if this claim relates to a	that you did not report as priority claims		
	community debt	Debts to pension or profit-sharing plans,	, and other similar debts	
	Is the claim subject to offest?			
	No	Other. Specify Collecting for Credi	tor	
1	I IVos			

Debtor 1 Juan Antonio Doc 1 I lied 12/15/16 Effect 12/15/16 12:15:15 Dest Wallington

After lis	sting any entries on this page, number them be	eginning with 4.4, followed by 4.5, and	so forth.	Total Claim
4.13	Capital ONE BANK USA N	Last 4 digits of account number	NULL	\$ <u>534.00</u>
	Creditor's Name		2015-2016	
	15000 Capital One Dr	When was the debt incurred?	2015-2016	
	Number Street			
		As of the date you file, the claim is:	Check all that apply.	
	Disharand NA 00000	Contingent		
	Richmond VA 23238	Unliquidated		
_ v	City State Zip Code /ho owes the debt? Check one.	Disputed		
Г	Debtor 1 only	_		
	Debtor 2 only	Type of NONPRIORITY unsecured cla	aim:	
Ī	Debtor 1 and Debtor 2 only	Student loans		
Ī	At least one of the debtors and another	Obligations arising out of a separation	n agreement or divorce	
Ī	Check if this claim relates to a	that you did not report as priority clair	ns	
-	community debt	Debts to pension or profit-sharing pla	ns, and other similar debts	
Is	the claim subject to offest?			
	No T	Other. Specify Credit Card or Ci	redit Use	
	Yes Capital ONE BANK USA N	Land A Marks of a count mount of	NULL	\$ 759.00
4.14	Creditor's Name	Last 4 digits of account number	NOLL	\$_700.00
	15000 Capital One Dr	When was the debt incurred?	2015-2016	
	Number Street			
		A of the data way file the claim is a	Ohankall that and h	
		As of the date you file, the claim is:	Спеск all that apply.	
	Richmond VA 23238	Contingent		
	City State Zip Code	Unliquidated		
\ <u>\</u>	/ho owes the debt? Check one.	Disputed		
<u> </u>	Debtor 1 only			
	Debtor 2 only	Type of NONPRIORITY unsecured cla	aim:	
<u> </u>	Debtor 1 and Debtor 2 only	Student loans		
<u> </u>	At least one of the debtors and another	Obligations arising out of a separation		
L	Check if this claim relates to a	that you did not report as priority clair		
le	community debt the claim subject to offest?	Debts to pension or profit-sharing pla	ns, and other similar debts	
	No	Other Specify Credit Card or Ci	radit I Isa	
Ī	Yes	Other. Specify Credit Card or Ci	redit OSE	
4.15	Capital ONE BANK USA N	Last 4 digits of account number	NULL	\$ 779.00
	Creditor's Name		0045 0040	
	15000 Capital One Dr	When was the debt incurred?	2015-2016	
	Number Street			
		As of the date you file, the claim is:	Check all that apply.	
	D: 1	Contingent		
	Richmond VA 23238	Unliquidated		
v	City State Zip Code /ho owes the debt? Check one.	Disputed		
	Debtor 1 only			
[Debtor 2 only	Type of NONPRIORITY unsecured cla	aim:	
	Debtor 1 and Debtor 2 only	Student loans		
	At least one of the debtors and another	Obligations arising out of a separation	n agreement or divorce	
	Check if this claim relates to a	that you did not report as priority clair		
.	community debt	Debts to pension or profit-sharing pla	ns, and other similar debts	
	the claim subject to offest?	0 - 11 0 - 1 0	and the Line	
	No	Other. Specify Credit Card or Cr	redit Use	
	Yes			

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After listing any entries on this page, number them b	beginning with 4.4, followed by 4.5, and so forth.	Total Claim
4.16 Cavalry Portfolio SPV I	Last 4 digits of account number	\$ 3,375.97
Creditor's Name		
PO Box 1030	When was the debt incurred?	
Number Street		
	As of the date you file, the claim is: Check all that apply.	
Hawthorne NY 10532	Contingent	
City State Zip Code	Unliquidated	
Who owes the debt? Check one.	Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
Check if this claim relates to a community debt	that you did not report as priority claims	
Is the claim subject to offest?	Debts to pension or profit-sharing plans, and other similar debts	
No	Other. Specify Credit Card or Credit Use	
Yes		
4.17 Chicagoland & Suburban Law Firm	Last 4 digits of account number	<u>\$_2,675.00</u>
Creditor's Name C/O Amir Mohabbat	When was the debt incurred?	
Number Street	When was the dept incurred:	
248 S. Marion St. Suite 104	As a fall or date was filler than a later to a Charlet Hall of the Later to a	
240 C. Marion St. Saite 104	As of the date you file, the claim is: Check all that apply. Contingent	
Oak Park IL 60302	Unliquidated	
City State Zip Code	Disputed	
Who owes the debt? Check one.	Disputed	
Debtor 1 only Debtor 2 only	Turn of MONDRIODITY unconsulated alaims	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
Check if this claim relates to a	that you did not report as priority claims	
community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offest?	-	
No	Other. Specify Debt Owed	
Yes Comcast	Last 4 digits of account number 3366	\$ 137.00
Creditor's Name	Last 4 digits of account number 3366	\$ <u>107.00</u>
800 Sw 39Th St	When was the debt incurred? 2014-2015	
Number Street		
	As of the date you file, the claim is: Check all that apply.	
	Contingent	
Renton WA 98057	Unliquidated	
City State Zip Code Who owes the debt? Check one.	Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
Check if this claim relates to a	that you did not report as priority claims	
community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offest?	Other, Specify Collecting for Creditor	
Yes	Other. Specify Collecting for Creditor	

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Part 2- Your NONPRIORITY Unsecured Claims - Continuation Page				
After li	sting any entries on this page, number them I	beginning with 4.4, followed by 4.5, an	d so forth.	Total Claim
4.19	COMENITY BANK/Carsons	Last 4 digits of account number	NULL	\$ <u>1,234.00</u>
	Creditor's Name		2012 2016	
	3100 Easton Square PI	When was the debt incurred?	2012-2016	
	Number Street			
		As of the date you file, the claim is:	Check all that apply.	
		Contingent		
	Columbus OH 43219	Unliquidated		
v	City State Zip Code Vho owes the debt? Check one.	Disputed		
	Debtor 1 only			
	Debtor 2 only	Type of NONPRIORITY unsecured of	laim:	
	Debtor 1 and Debtor 2 only	Student loans		
Ī	At least one of the debtors and another	Obligations arising out of a separation	on agreement or divorce	
1	Check if this claim relates to a	that you did not report as priority cla		
	community debt	Debts to pension or profit-sharing pl		
ls	s the claim subject to offest?		,	
	No Yes	Other. Specify Credit Card or C	Credit Use	
4.20	COMENITY BANK/Dressbrn	Last 4 digits of account number	NULL	\$ 56.00
1.20	Creditor's Name			
	Po Box 182789	When was the debt incurred?	2015-2016	
	Number Street			
		As of the date you file, the claim is:	Check all that apply	
	·	Contingent	oncok all that apply.	
	Columbus OH 43218	= '		
	City State Zip Code	Unliquidated		
\ <u>\</u>	Who owes the debt? Check one.	Disputed		
	Debtor 1 only			
	Debtor 2 only	Type of NONPRIORITY unsecured of	laim:	
[Debtor 1 and Debtor 2 only	Student loans		
	At least one of the debtors and another	Obligations arising out of a separation	on agreement or divorce	
[Check if this claim relates to a	that you did not report as priority cla	ims	
"	community debt	Debts to pension or profit-sharing pl	ans, and other similar debts	
ls	s the claim subject to offest?			
	No	Other. Specify Credit Card or C	Credit Use	
Щ	Yes			. 0.000.00
4.21	Commonwealth Edison	Last 4 digits of account number		\$ <u>2,800.00</u>
	Creditor's Name 3 Lincoln Center 4th Floor	When was the debt incurred?		
		when was the dept incurred?		
	Number Street			
		As of the date you file, the claim is:	Check all that apply.	
	Oakhaash Tarrasa II CO404	Contingent		
	Oakbrook Terrace IL 60181	Unliquidated		
V	City State Zip Code Vho owes the debt? Check one.	Disputed		
	Debtor 1 only	_		
	Debtor 2 only	Type of NONPRIORITY unsecured of	laim:	
7	Debtor 1 and Debtor 2 only	Student loans		
	At least one of the debtors and another	Obligations arising out of a separation	on agreement or divorce	
		that you did not report as priority cla		
	Check if this claim relates to a community debt	Debts to pension or profit-sharing pl		
ls ls	s the claim subject to offest?	Depts to pension or profit-straining pr	מוזה, מוזע טנווכו אווווומו עבטנא	
	No	Other. Specify Utility Bills/Cellu	ılar Service	
Ī	Yes	Other. Specify Starty Embrodition		

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Pa	Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page				
After	isting any entries on this page, number them b	eginning with 4.4, followed by 4.5, an	nd so forth.	Total Claim	
4.22	Credit ONE BANK NA	Last 4 digits of account number	NULL	\$ <u>430.00</u>	
	Creditor's Name	When we the debt in sumed?	2015-2016		
	Po Box 98875 Number Street	When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is:	Check all that apply.		
	Las Vegas NV 89193	Contingent			
	City State Zip Code	Unliquidated			
	Who owes the debt? Check one.	Disputed			
	Debtor 1 only				
	Debtor 2 only	Type of NONPRIORITY unsecured of	claim:		
	Debtor 1 and Debtor 2 only	Student loans			
	At least one of the debtors and another	Obligations arising out of a separati			
	Check if this claim relates to a community debt	that you did not report as priority cla			
	Is the claim subject to offest?	Debts to pension or profit-sharing pl	ians, and other similar debts		
	No	Other. Specify Credit Card or 0	Credit Use		
	Yes				
4.23	Delta Community Credit	Last 4 digits of account number	0040	<u>\$ 1,108.00</u>	
	Creditor's Name Po Box 20541	When was the debt incurred?	2014-2016		
	Number Street	when was the debt incurred?			
	Number Sueet				
		As of the date you file, the claim is:	Check all that apply.		
	Atlanta GA 30320	Contingent			
	City State Zip Code	Unliquidated			
	Who owes the debt? Check one.	Disputed			
	Debtor 1 only				
	Debtor 2 only	Type of NONPRIORITY unsecured o	claim:		
	Debtor 1 and Debtor 2 only	Student loans			
	At least one of the debtors and another	Obligations arising out of a separati			
	Check if this claim relates to a community debt	that you did not report as priority cla Debts to pension or profit-sharing pl			
	Is the claim subject to offest?	Debts to pension of profit-straining pr	ians, and other similar debts		
	No	Other. Specify Personal Loan			
	Yes				
4.24	DJO Global	Last 4 digits of account number		\$ <u>108.00</u>	
	Creditor's Name Po Box 727	When was the debt incurred?			
	Number Street	When was the dest incurred:			
	as	A - of the determinant file the electricity			
		As of the date you file, the claim is:	Check all that apply.		
	Wilkes Barre PA 18703	Contingent			
	City State Zip Code	Unliquidated			
	Who owes the debt? Check one.	Disputed			
	Debtor 1 only				
	Debtor 2 only	Type of NONPRIORITY unsecured o	claim:		
	Debtor 1 and Debtor 2 only	Student loans	and the second s		
	At least one of the debtors and another	Obligations arising out of a separati	-		
	Check if this claim relates to a community debt	that you did not report as priority cla Debts to pension or profit-sharing pl			
	Is the claim subject to offest?		and, and other similar debts		
	No	Other. Specify Medical Bills			
	Yes				

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After I	listing any entries on this page, number them b	peginning with 4.4, followed by 4.5, and so forth.	Total Claim
4.25	Kohls/Capone	Last 4 digits of account number NULL	<u>\$ 235.00</u>
	Creditor's Name N56 W 17000 Ridgewood Dr	When was the debt incurred? 2014-2016	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Menomonee Falls WI 53051	Unliquidated	
	City State Zip Code		
	Who owes the debt? Check one. Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
	=	that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offest?	Debts to pension of profit-sharing plans, and other similar debts	
	No	Other. Specify Credit Card or Credit Use	
	Yes	Officer. Specify	
4.26	Loyola Univ. Physician Fdn.	Last 4 digits of account number	\$_1,263.00
	Creditor's Name		
	PO Box 98418	When was the debt incurred?	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Chicago IL 60693	Unliquidated	
	City State Zip Code	Disputed	
	Who owes the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
	Check if this claim relates to a	that you did not report as priority claims	
	community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offest?		
	■ No	Other. Specify Medical/Dental Service	
4.27	Merrick BANK	Last 4 digits of account number NULL	\$ 1,129.00
4.27	Creditor's Name	Last 4 digits of account number	*
	Po Box 9201	When was the debt incurred? 2013-2016	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	Old Bethpage NY 11804	Contingent	
	City State Zip Code	Unliquidated	
'	Who owes the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
	Check if this claim relates to a	that you did not report as priority claims	
	community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offest?		
	No	Other. Specify Credit Card or Credit Use	
	I IVaa		

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r listing any entries on this page, number them	i beginning with 4.4, followed by 4.5, a	iliu so iortii.	I otal Claim
Metlife HOME LOAN	Last 4 digits of account number _	5756	<u>\$ 172,000.00</u>
Creditor's Name	When was the debt incurred?	2008-2013	
4000 Horizon Way Number Street	when was the debt incurred?		
Number Street			
	As of the date you file, the claim is	s: Check all that apply.	
Irving TX 75063	Contingent		
City State Zip Code	Unliquidated		
Who owes the debt? Check one.	Disputed		
Debtor 1 only			
Debtor 2 only	Type of NONPRIORITY unsecured	claim:	
Debtor 1 and Debtor 2 only	Student loans		
At least one of the debtors and another	Obligations arising out of a separa		
Check if this claim relates to a	that you did not report as priority o		
community debt	Debts to pension or profit-sharing	plans, and other similar debts	
Is the claim subject to offest?	Martaga Def	talaman.	
Yes	Other. Specify Mortgage Defi	ciency	
New Jersey Higher Ed	Last 4 digits of account number		\$ 3,000.00
Creditor's Name		 _	
PO Box 548	When was the debt incurred?		
Number Street			
	As of the date you file, the claim is	s: Check all that apply.	
	Contingent		
Trenton NJ 08625	Unliquidated		
City State Zip Code	Disputed		
Who owes the debt? Check one.	Disputed		
Debtor 1 only			
Debtor 2 only	Type of NONPRIORITY unsecured	claim:	
Debtor 1 and Debtor 2 only	Student loans		
At least one of the debtors and another	Obligations arising out of a separa		
Check if this claim relates to a	that you did not report as priority o		
community debt Is the claim subject to offest?	Debts to pension or profit-sharing	pians, and other similar debts	
No	Other Specific		
Yes	Other. Specify		
Nicor Gas	Last 4 digits of account number _		\$ <u>352.00</u>
Creditor's Name	-		
PO Box 549	When was the debt incurred?		
Number Street			
	As of the date you file, the claim is	: Check all that apply.	
	Contingent		
Aurora IL 60507	Unliquidated		
City State Zip Code Who owes the debt? Check one.	Disputed		
Debtor 1 only			
	Time of NONERIORITY	alaim.	
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured Student loans	Ciaim:	
		ution agreement or diverse	
At least one of the debtors and another	Obligations arising out of a separa	_	
Check if this claim relates to a	that you did not report as priority of		
community debt Is the claim subject to offest?	Debts to pension or profit-sharing	pians, and other similar debts	
No	Other. Specify Utility Bills/Ce	Ilular Service	
Yes	Other. SpecifyOther.		

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Page 31 of 66 **Document** Juan Antonio Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					
4.31 Select Portfolio Svcin	Last 4 digits of account number	8227	\$ <u>0.00</u>		
Creditor's Name	When was the debt incurred?	2008-2016			
Po Box 65250	which was the dept incurred?				
Number Street					
	As of the date you file, the claim is:	: Check all that apply.			
Solt Lake City LIT 94405	Contingent				
Salt Lake City UT 84165 City State Zip Code	Unliquidated				
City State Zip Code Who owes the debt? Check one.	Disputed				
Debtor 1 only					
Debtor 2 only	Type of NONPRIORITY unsecured	claim:			
Debtor 1 and Debtor 2 only	Student loans				
At least one of the debtors and another	Obligations arising out of a separati	ion agreement or divorce			
Check if this claim relates to a	that you did not report as priority cla				
community debt	Debts to pension or profit-sharing p				
Is the claim subject to offest?					
No	Other. SpecifyMortgage Defice	siency			
Yes					
4.32 Shared Vision / Pediatric Psyc. Assoc	Last 4 digits of account number		<u>\$ 230.00</u>		
Creditor's Name	W				
1200 Harger Rd. #600	When was the debt incurred?				
Number Street					
	As of the date you file, the claim is:	: Check all that apply.			
Oak Bursts " areas	Contingent				
Oak Brook IL 60523	Unliquidated				
City State Zip Code Who owes the debt? Check one.	Disputed				
Debtor 1 only	_				
Debtor 2 only	Type of NONPRIORITY unsecured (claim.			
Debtor 1 and Debtor 2 only	Student loans	olumi.			
At least one of the debtors and another	Obligations arising out of a separati	ion agreement or divorce			
	that you did not report as priority cla	-			
Check if this claim relates to a community debt	Debts to pension or profit-sharing p				
Is the claim subject to offest?		and and annual dobto			
No	Other. Specify Debt Owed				
Yes	Other. Opening				
4.33 Syncb/Citgo	Last 4 digits of account number	NULL	\$ <u>617.00</u>		
Creditor's Name		0000 0040			
4125 Windard Plaza	When was the debt incurred?	2006-2016			
Number Street					
	As of the date you file, the claim is:	: Check all that apply.			
	Contingent	•••			
Alpharetta GA 30005	Unliquidated				
City State Zip Code	Disputed				
Who owes the debt? Check one.					
Debtor 1 only					
Debtor 2 only	Type of NONPRIORITY unsecured of	ciaim:			
Debtor 1 and Debtor 2 only	Student loans				
At least one of the debtors and another	Obligations arising out of a separati				
Check if this claim relates to a	that you did not report as priority cla				
community debt Is the claim subject to offest?	Debts to pension or profit-sharing p	lans, and other similar debts			
No	Crodit Cord or	Cradit Usa			
Yes	Other. Specify Credit Card or	Oleuit Ose			

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Filed 12/15/16 Entered 12/15/16 12:19:19 Desc Main Case 16-39468 Doc 1 Page 32 of 66 Case Number (if known) ___ **Document** Juan Antonio Debtor 1 TD BANK USA/Targetcred NULL \$ 526.00 4.34 Last 4 digits of account number Creditor's Name 2015-2016 Po Box 673 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Minneapolis MN 55440 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Credit Card or Credit Use

Check if this claim relates to a

community debt Is the claim subject to offest?

No

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Juan Antonio ည့္တင္မument

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Debtor 1

Middle Name

List Others to Be Notified for a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankrupto example, if a collection agency is trying to collect from you for a debt you 2, then list the collection agency here. Similarly, if you have more than or additional creditors here. If you do not have additional persons to be not	u owe to someone else, list the original creditor in Parts 1 or ne creditor for any of the debts that you listed in Parts 1 or 2, list the		
IL Dept. of Healthcare & Fam.	On which entry in Part 1 or Part 2 list the original creditor?		
Name 509 S. 6th St.	Line1 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims		
Springfield IL 62701 City State Zip Code	Last 4 digits of account number		
ERC	On which entry in Part 1 or Part 2 list the original creditor?		
Name PO Box 57610	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Number Street	Falt 2. Creditors with Northholity Offsecured Claims		
Jacksonville FL 32241 City State Zip Code	Last 4 digits of account number <u>5520</u>		
Clerk, Fourth Mun Div	On which entry in Part 1 or Part 2 list the original creditor?		
Name 1500 Maybrook Dr #236	Line 14 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims		
Maywood IL 60153 City State Zip Code	Last 4 digits of account number		
Blitt and Gaines, PC	On which entry in Part 1 or Part 2 list the original creditor?		
Name 661 Glenn Ave.	Line 14 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims		
Wheeling IL 60090 City State Zip Code	Last 4 digits of account number		
Account Assure	On which entry in Part 1 or Part 2 list the original creditor?		
Name PO Box 101147	Line 17 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Number Street	Part 2: Creditors with Nonphority Unsecured Claims		
Birmingham AL 35210 City State Zip Code	Last 4 digits of account number NULL		
Account Assure	On which entry in Part 1 or Part 2 list the original creditor?		
Name PO Box 101147	Line 18 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims		
Birmingham AL 35210	Last 4 digits of account number NULL		
City State Zip Code			

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Juan Antonio Debtor 1 Middle Name Last Name Mercantile Adjustment Bureau On which entry in Part 1 or Part 2 list the original creditor? Name PO Box 9055 Part 1: Creditors with Priority Unsecured Claims Line 23 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Number Buffalo NY 14231 Last 4 digits of account number ____ NULL ___ State Zip Code City Medicredit, Inc. On which entry in Part 1 or Part 2 list the original creditor? Name PO Box 1022 Line 24 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Street Wixom MI 48393 Last 4 digits of account number _ City State Zip Code Loyola Univ. Med. Center On which entry in Part 1 or Part 2 list the original creditor? Name Line 24 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 95009 Part 2: Creditors with Nonpriority Unsecured Claims Number Street Chicago IL 60694 Last 4 digits of account number ____ ____ State Zip Code City Clerk, Chancery On which entry in Part 1 or Part 2 list the original creditor? Name 50 W. Washington St., Room 802 Line 26 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Street IL 60602 Chicago Last 4 digits of account number ____ <u>5756</u> ___ State Zip Code City Pierce & Associates On which entry in Part 1 or Part 2 list the original creditor? Line 26 of (Check one): Part 1: Creditors with Priority Unsecured Claims 1 N. Dearborn St. #1300 Part 2: Creditors with Nonpriority Unsecured Claims Street Number Last 4 digits of account number _____ 5756 60602 Chicago IL City State Zip Code Harris & Harris, LTD On which entry in Part 1 or Part 2 list the original creditor? 111 W Jackson Blvd Line 28 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Suite 400 IL 60604 Chicago Last 4 digits of account number ____ ____

State Zip Code

City

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Juan Debtor 1

Antonio

Document

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$0.00
	6b. Taxes and Certain other debts you owe the government	6b.	\$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00
			Total claim
Total claims from Part 2			
	6f. Student loans	6f.	\$3,000.00
	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	\$
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority		Ψ
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other 	6g.	\$0.00

Schedule E/F: Creditors Who Have Unsecured Claims

Fi	II in this inf	Caso 16		Filod 12/15/16	Entered 12/15/16 12:19:19 6 of 66	Desc Main
					0 01 00	
D	ebtor 1	Juan First Name	Antonio Middle Name	Silva Last Name		
D	ebtor 2	Yamil	Wildle Name	Silva		
(S	pouse, if filing)	First Name	Middle Name	Last Name		
U	nited States	Bankruptcy Court fo	r the : <u>NORTHERN</u> District of			
	ase Number			(State)		Check if this is an
	f known)					amended filing
<u>Off</u>	icial Fo	orm 106G				
Be as inforradditi 1. E	s complete mation. If m ional pages to you have No. Che Yes. Fill	and accurate as nore space is need in the space is need in the space any executory each this box and so in all of the inform	eded, copy the additional page ne and case number (if known) contracts or unexpired leases submit this form to the court with mation below even if the contract	e are filing together, bot , fill it out, number the en ? n your other schedules. You	h are equally responsible for supplying correct ntries, and attach it to this page. On the top of a ou have nothing else to report on this form. Schedule A/B: Property (Official Form 106A/B) Then state what each contract or lease is for (
е	-	nt, vehicle lease,			ruction booklet for more examples of executory co	
	Person or	company with w	hom you have the contract or	lease	State what the contract or leas	e is for
2.1						
	Name					
	Number	Street			-	
	City		State Zip	Code	-	
2.2						
	Name				-	
	Number	Street			-	
	City		State Zip	Code	-	
2.3						
	Name				-	
	Number	Street			-	
	City		State Zip	Code	-	
2.4						
	Name				-	
	Number	Street			-	
	City		State Zip	Code	-	
2.5						
	Name				-	
	Number	Street			-	

State Zip Code

City

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Fill in this in	nformation to ide		
Debtor 1	Juan	Antonio	Silva
	First Name	Middle Name	Last Name
Debtor 2	Yamil		Silva
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court fo	or the : <u>NORTHERN</u> District of _	<u>ILLINOIS</u>
			(State)
Case Number	r		_
(If known)			

Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

uny	7100		and case number (if known). Answ	o. o.o., quooo						
1.	Doy	Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)								
		No.								
		Yes								
2.	Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)									
	No. Go to line 3.									
	Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?									
		No								
		Yes. Inwhich community st	tate or territory did you live?	Fill in th	e name and current address of that person.					
		Name of your spouse, former spouse	e or legal equivalent							
		Number Street								
		City	State	Zip Code						
3.	In C	olumn 1, list all of your codebt	ors. Do not include your spouse as	a codebtor if your spo	use is filing with you. List the person					
		-	or only if that person is a guarantor	=						
		edule D (Official Form 106D), S edule E/F, or Schedule G to fill	Schedule E/F (Official Form 106E/F),	or Schedule G (Officia	I Form 106G). Use Schedule D,					
	JUII	edule E/F, or Schedule G to IIII	out column 2.							
	С	olumn 1: Your codebtor			Column 2: The creditor to whom you owe the debt					
					Check all schedules that apply:					
3.	1	Santos Contreras			Schedule D, line					
		Name			Schedule E/F, line6					
	-	6640 W. Belden Ave								
		Number Street Chicago	IL	60707	Schedule G, line					
		City	State	Zip Code						
3.2	2	Santos Contreras			Schedule D, line					
		_{lame} 6640 W. Belden Ave			Schedule E/F, line19					
		Number Street Chicago	IL	60707	Schedule G, line					
	-	City	State	Zip Code						
3.3	3	Santos Contreras			Schedule D, line					
		Name			Schedule E/F, line 22					
	-	6640 W. Belden Ave			_					
		Number Street Chicago	IL	60707	Schedule G, line					
	-	City	State	Zip Code						

Fill in this information to identify your case:							
Debtor 1	Juan	Antonio	Silva				
	First Name	Middle Name	Last Name				
Debtor 2	Yamil		Silva				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the :NORTHERN DISTRICT OF ILLINOIS							
Case Number							
(II KNOWN)							
(Spouse, if filing) United States	First Name Bankruptcy Court		Last Name				

	ck if this is:
Ш	An amended filing
	A supplement showing post-petition
	chapter 13 income as of the following date:
	MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Desc	ribe Employment					
Fill in your en information	nployment		Debtor 1		Debtor 2 or non-filing s	spouse
attach a sepa	ore than one job, rate page with pout additional	Employment status	X Employed Not employed		X Employed Not employed	
Include part-t self-employed	me, seasonal, or I work.	Occupation	Lab Tech		Senior Care	
Occupation n or homemake	nay Include student er, if it applies.	Employers name	Bosch Brake Com	ponents NA	NA Healthcare Plus	
		Employers address	2800 South 25th A		3501 Algonquin Rd, Suite 560	
			Broadview, IL 601	55	Rolling Meadows, IL 60	1008
		How long employed there?	13 Years		6 years	
Part 2: Give	Details About Monthly	y Income				
spouse unles If you or your	s you are separated. non-filing spouse hav	we date you file this form. If you have more than one employer, combine, attach a separate sheet to this	ine the information for a		. , , ,	
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, salary and commissions (before all payre deductions). If not paid monthly, calculate what the monthly wage would be a selected to the commissions.		•	\$3,508.22	\$875.87		
Estimate and list monthly overtime pay.			\$0.00	\$0.00		
4. Calculate gross income. Add line 2 + line 3.				\$3,508.22	\$875.87	

 Official Form 106I
 Record # 715612
 Schedule I: Your Income
 Page 1 of 2

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Debtor 1 Juan Antonio Document Silva Page 39 of 66 Case Number (if known)

Last Name

First Name

Middle Name

			For Debtor 1		Debtor 2 or filing spouse		
c	Copy line 4 here	4.	\$3,508.22		\$875.87		
	st all payroll deductions: 5a. Tax, Medicare, and Social Security deductions	5a.	\$689.56		\$116.22		
	· · · · · · · · · · · · · · · · · · ·	5b.					
	5b. Mandatory contributions for retirement plans		\$0.00		\$0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$135.98		\$0.00		
	5e. Insurance	5e.	\$260.76	_	\$0.00		
	5f. Domestic support obligations	5f.	\$373.34		\$0.00		
	5g. Union dues	5g.	\$0.00		\$0.00		
	5h. Other deductions. Specify: Life Insurance(D1), LTD(D1),	5h.	\$36.01		\$0.00		
	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +		\$1,495.65	_	\$116.22		
	iculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,012.57		\$759.66		
	t all other income regularly received:						
8	8a. Net income from rental property and from operating a busines	ss,					
	profession, or farm						
	Attach a statement for each property and business showing gros receipts, ordinary and necessary business expenses, and the to						
	monthly net income.	8a.	\$0.00		\$0.00		
8	8b. Interest and dividends	8b.	\$0.00		\$0.00		
8	8c. Family support payments that you, a non-filing spouse, or a	8c.	\$ 0.00		\$ 0.00		
	dependent regularly receive						
	Include alimony, spousal support, child support, maintenance, di	ivorce					
	settlement, and property settlement.						
8	8d. Unemployment compensation	8d.	\$0.00		\$0.00		
8	8e. Social Security	8e.	\$0.00		\$0.00		
8	8f. Other government assistance that you regularly receive	8f.	\$0.00		\$0.00		
	Include cash assistance and the value (if known) of any non-cas	h					
	assistance that you receive, such as food stamps (benefits unde	r the					
	Supplemental Nutrition Assistance Program) or housing subsidie	es.					
	Specify:						
	8g. Pension or retirement income	8g.	\$0.00		\$0.00		
	8h. Other monthly income. Specify: Second Job,	8h.	\$1,425.28		\$0.00		
9. A	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h	. 9.	\$1,425.28		\$0.00		
10. C	Calculate monthly income. Add line 7 + line 9.	10.	\$3,437.85	+	\$759.66	- -	
A	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spous	se.	40,101100		4.00.00		7-1, 101 .01
lı 0 0	State all other regular contributions to the expenses that you list in Include contributions from an unmarried partner, members of your hou other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts Specify:	usehold, your depende	, ,			11	\$0.00
12. A	Add the amount in the last column of line 10 to the amount in line 1	1. The result is the co	ombined monthly incor	ne.			
	Write that amount on the Summary of Schedules and Statistical Sumi	-	ties and Related Data	if it applies		12. \$	4,197.51
_	Do you expect an increase or decrease within the year after you file X No. Yes. Explain:	this form?					

Fi	ll in this in	formation to identify yo	ur case:				
D	ebtor 1	Juan	Antonio	Silva	Check if this is:		
		First Name	Middle Name	Last Name	An amende	ed filing	
D	ebtor 2	Yamil		Silva	A suppleme	ent showing post	-petition chapter 13
(S	pouse, if filing)	First Name	Middle Name	Last Name	income as o	of the following d	ate:
U	nited States	Bankruptcy Court for the : _	NORTHERN DISTRICT C	F ILLINOIS			
	ase Number f known)				Wilvi / DD /	1111	
	icial F	orm 106J					2 because Debtor 2
					maintains a	separate house	noid.
		e J: Your Exp					12/14
	space is ı				are equally responsible for supplyinges, write your name and case num	=	
Pai	rt 1: .	Describe Your Household					
1. I	s this a joi	nt case?					
	No. (Go to line 2.					
	X Yes. I	Does Debtor 2 live in a s	eparate household?				
		X No.					
		Yes. Debtor 2 must	t file a separate Schedu	e J.			
2.	Do you l	nave dependents?	No No		Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not lis Debtor 2	st Debtor 1 and		this information for dent	Son	16	No
		tate the dependents'					X Yes
	names.				Daughter	14	No
					2449.110.		X Yes
					Daughter	15	X No
					g		Yes
							X No
							Yes
							X No
							Yes
3.	_	expenses include s of people other than	X No				
	-	and your dependents?	Yes				
Pai	rt 2:	stimate Your Ongoing Mo	onthly Expenses				
Esti	mate your	expenses as of your ba	nkruptcy filing date un	ess you are using this forn	n as a supplement in a Chapter 13 o	case to report	
	enses as o applicable		ptcy is filed. If this is a	supplemental Schedule J,	check the box at the top of the form	m and fill in	
	-	-	-	nce if you know the value Income (Official Form 106I)	Υ	our expenses
				·	,		·
4.			xpenses for your resid	ence. Include first mortgage	e payments and	4.	\$1,200.00
	-	for the ground or lot.				4	ψ1,200.00
		al estate taxes				4a.	\$0.00
	4b. Pro	operty, homeowner's, or i	renter's insurance			4b.	\$0.00
		me maintenance, repair,				4c.	\$0.00
		meowner's association o				4d.	\$0.00

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Document Juan Antonio Debtor 1 Case Number (if known) _ First Name Middle Name Last Name

		Your expenses
5.	Additional Mortgage payments for your residence, such as home equity loans 5.	. \$0.00
6.	Utilities:	
	6a. Electricity, heat, natural gas	. \$100.00
	6b. Water, sewer, garbage collection 6b.	. \$0.00
	6c. Telephone, cell phone, internet, satellite, and cable service 6c.	. \$455.00
	6d. Other. Specify:	. \$ 0.00
7.	Food and housekeeping supplies 7	. \$990.00
8.	Childcare and children's education costs	. \$0.00
9.	Clothing, laundry, and dry cleaning	. \$180.00
10.	Personal care products and services	. \$100.00
11.	Medical and dental expenses 11.	. \$650.00
12.	Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments.	. \$349.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	. \$60.00
14.	Charitable contributions and religious donations 14	. \$40.00
15.	Insurance.	
	Do not include insurance deducted from your pay or included in lines 4 or 20.	
	15a. Life insurance	\$0.00
	15b. Health insurance	. \$0.00
	15c. Vehicle insurance	. \$65.00
	15d. Other insurance. Specify:	. \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	
	Specify:	. \$0.00
17.	Installment or lease payments:	
	17a. Car payments for Vehicle 1	\$0.00
	17b. Car payments for Vehicle 2	\$0.00
	17c. Other. Specify:	. \$0.00
	17d. Other. Specify:	. \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted	
	from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. \$0.00
19.	Other payments you make to support others who do not live with you.	
	Specify:	\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
	20a. Mortgages on other property 20a.	\$ 0.00
	20b. Real estate taxes	. \$ 0.00
	20c. Property, homeowner's, or renter's insurance	. \$ 0.00
	20d. Maintenance, repair, and upkeep expenses 20d.	. \$ 0.00
	20e. Homeowner's association or condominium dues 20e.	. \$ 0.00

Official Form 106J Record # 715612 Schedule J: Your Expenses Page 2 of 3 Case 16-39468 Doc 1 Filed 12/15/16 Entered 12/15/16 12:19:19 Desc Main Document Page 42 of 66

Antonio Juan Debtor 1 Case Number (if known) _ First Name Middle Name Last Name \$5.00 21. Other. Specify: ___Postage/Bank Fees (\$5.00), 21. \$4,194.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$4,197.51 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$4,194.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$3.51 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 715612 Schedule J: Your Expenses Page 3 of 3

Fill in this in	formation to ider	ntify your case:	
Debtor 1	Juan	Antonio	Silva
	First Name	Middle Name	Last Name
Debtor 2	Yamil		Silva
(Spouse, if filing)	First Name	Middle Name	Last Name
		or the : <u>NORTHERN</u> District of	ILLINOIS (State)
Case Number (If known)	·		_

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to he	elp you fill out bankruptcy forms?
■ No	
Yes. Name of Person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summary an correct.	d schedules filed with this declaration and that they are true and
🗶 /s/ Juan Antonio Silva	/s/ Yamil Silva
Signature of Debtor 1	Signature of Debtor 2
Date 12/12/2016	Date 12/12/2016
MM / DD / YYYY	MM / DD / YYYY

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Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

number (number (If known). Answer every question.							
Part 1	Give Details About Your Marital Status and Where	e You Lived Before						
01. What is your current marital status?								
	- Married							
	Not married							
	,							
02 Dur	ing the last 3 years, have you lived anywhere other	than where you live no	ow?					
	No.							
	Yes. List all of the places you lived in the last 3 years.	Do not include where	you live now.					
	Debtor 1	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there				
			Same as Debtor 1	Same as Debtor 1				
	421 N Wolf Rd	FROM 10/2008		_				
	Northlake IL 60164-1651	To 08/2016						
03 Wit	hin the last 8 years, did you ever live with a spouse	or legal equivalent in a	community property state or territory? (Community	,				
-		nia, Idaho, Louisiana, N	evada, New Mexico, Puerto Rico, Texas, Washington	١,				
_	l Wisconsin.) No.							
_	Yes. Make sure you fill out Schedule H: Your Codebto	ors (Official Form 106H)						
Part 2	Explain the Sources of Your Income							
1								

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Include income regardless of vand other public benefit payme winnings. If you are filing a joir List each source and the gross No.	rent year until bankruptcy: : er 31, 2015) before that: er 31, 2014) income during this yof whether that incomyments; pensions; rer joint case and you ha	Debtor 1 Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	s during this year or the two	ties.	Gross income (before deductions an exclusions) \$5,150(est) \$20,000(est)
Fill in the total amount of incon If you are filing a joint case and No. No. Yes. Fill in the details From January 1 of curren the date you filed for band For last calendar year: (January 1 to December 3 For the calendar year before (January 1 to December 3 Did you receive any other inconce the public benefit payment winnings. If you are filing a join List each source and the gross No.	rent year until bankruptcy: : er 31, 2015) before that: er 31, 2014) income during this yof whether that incomyments; pensions; rer joint case and you ha	Debtor 1 Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	Gross income (before deductions and exclusions) \$60,127	ties. r 1. Debtor 2 Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions an exclusions) \$5,150(est) \$20,000(est)
From January 1 of currenthe date you filed for band for last calendar year: (January 1 to December 3 For the calendar year before (January 1 to December 3 Did you receive any other incompleted income regardless of wand other public benefit payme winnings. If you are filling a join List each source and the gross No.	before that: er 31, 2015) before that: er 31, 2014) income during this you of whether that incomyments; pensions; rerjoint case and you ha	Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions and exclusions) \$60,127 \$40,000(est)	Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions an exclusions) \$5,150(est) \$20,000(est)
From January 1 of curren the date you filed for band For last calendar year: (January 1 to December 3 For the calendar year before (January 1 to December 3 Did you receive any other income regardless of ward other public benefit payme winnings. If you are filing a join List each source and the gross No.	before that: er 31, 2015) before that: er 31, 2014) income during this you of whether that incomyments; pensions; rerjoint case and you ha	Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions and exclusions) \$60,127 \$40,000(est)	Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions an exclusions) \$5,150(est) \$20,000(est)
For last calendar year: (January 1 to December 3 For the calendar year before (January 1 to December 3 Did you receive any other income regardless of valued income rega	before that: er 31, 2015) before that: er 31, 2014) income during this you of whether that incomyments; pensions; rerjoint case and you ha	Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions and exclusions) \$60,127 \$40,000(est)	Sources of income Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions an exclusions) \$5,150(est) \$20,000(est)
For last calendar year: (January 1 to December 3 For the calendar year before (January 1 to December 3 Did you receive any other incomposed income regardless of vand other public benefit payme winnings. If you are filing a joint List each source and the gross	before that: er 31, 2015) before that: er 31, 2014) income during this you of whether that incomyments; pensions; rerjoint case and you ha	Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions and exclusions) \$60,127 \$40,000(est)	Check all that apply Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	(before deductions an exclusions) \$5,150(est) \$20,000(est)
For last calendar year: (January 1 to December 3 For the calendar year before (January 1 to December 3 Did you receive any other income regardless of vand other public benefit payme winnings. If you are filing a joint List each source and the gross No.	before that: er 31, 2015) before that: er 31, 2014) income during this you of whether that incomyments; pensions; rerjoint case and you ha	bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business	\$40,000(est)	bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips	\$20,000(est)
For last calendar year: (January 1 to December 3 For the calendar year before (January 1 to December 3 Did you receive any other include income regardless of vand other public benefit payme winnings. If you are filing a joint List each source and the gross No.	er 31, 2015) before that: er 31, 2014) income during this yof whether that incomyments; pensions; rerjoint case and you ha	Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business		Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips	
For the calendar year before (January 1 to December 3) Did you receive any other include income regardless of vand other public benefit payme winnings. If you are filing a joint List each source and the gross No.	before that: er 31, 2014) income during this y of whether that incomyments; pensions; rer joint case and you ha	bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business year or the two previous ca		bonuses, tips Operating a business Wages, commissions, bonuses, tips	
For the calendar year before (January 1 to December 3) Did you receive any other incommendation income regardless of vand other public benefit payme winnings. If you are filing a joint List each source and the gross No.	before that: er 31, 2014) income during this y of whether that incomyments; pensions; rer joint case and you ha	Operating a business Wages, commissions, bonuses, tips Operating a business	\$40,000(est)	Operating a business Wages, commissions, bonuses, tips	_\$20,000(est)
Did you receive any other include income regardless of vand other public benefit payme winnings. If you are filing a join List each source and the gross No.	income during this y of whether that incomyments; pensions; rer joint case and you ha	bonuses, tips Operating a business year or the two previous ca	\$40,000(est)	bonuses, tips	\$20,000(est)
Did you receive any other include income regardless of vand other public benefit payme winnings. If you are filing a join List each source and the gross No.	income during this y of whether that incomyments; pensions; rer joint case and you ha	bonuses, tips Operating a business year or the two previous ca	##0,000(est)	bonuses, tips	<u> </u>
Include income regardless of vand other public benefit payme winnings. If you are filing a joir List each source and the gross No.	of whether that incomyments; pensions; rer joint case and you ha	year or the two previous ca			
		Debtor 1 Sources of income Describe below.	Gross income (before deductions and	Debtor 2 Sources of income Describe below.	Gross income (before deductions an
			exclusions)		exclusions)
List Cartain Baymants	outo Vou Mada Bafava	You Filed for Bonkminton			
List Certain Payments	ents You Made Before	You Filed for Bankruptcy			

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<u>Juan</u> Antonio Silva Case Number (if known) _ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment Include creditor's name Identify Legal actions, Repossessions, and Foreclosures Part 4:

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Debto	r 1	Juan	Antonio	Silva	Case Number (if k	nown)	
		First Name	Middle Name	Last Name			
09	List a		luding personal injury cases		t action, or administrative proceedin s, collection suits, paternity actions,		/
	□ I	No.					
	1	es. Fill in the detail	S.				
				Nature of the case	Court or agency		Status of the case
		Cavalry Spv I Llc V	/S Juan Silva	Collection	Fourth Municipal District, Co	ook County	Pending
		CASE #15 M4 358	7				On appeal
			 				Concluded
		Metlife Home Lns	VS Juan Silva	Collection	Cook County Chancery Cou	rt	Pending
		CASE #10 CH 246	95				On appeal
							Concluded
10	With	in 1 year before you	ı filed for bankruptcy, was a	ny of your property repossesse	ed, foreclosed, garnished, attached,	seized, or levied?	
			fill in the details below.		, , , ,		
		No. Go to line 11					
	_ _ _	es. Fill in the inform	nation below.				
				Describe the property		Date	Value of the property
		Metlife Home Loan	s c/o Select Portfolio	421 N. Wolf Northlake, IL 6	0164	05/2016	\$100,000
		SVC					
		Po Box 65250 Salt	Lake City, UT 84165				
				Explain what happened			
				Property was reposses	ssed.		
				Property was foreclose	ed.		
				Property was garnished			
				Property was attached,	, seized, or levied.		
11			·		nk or financial institution, set off a	ny amounts from	your accounts
			ment because you owed a	debtr			
		No. Go to line 11					
	_	es. Fill in the inform					
		-	u filed for bankruptcy, was er, a custodian, or another		ossession of an assignee for the b	enefit of creditors	s, a
	■ N		or, a subtoulari, or another	omoiai.			
	☐ Y						
P	art 5:	List Certain Giff	ts and Contributions				
13	With	in 2 years before y	ou filed for bankruptcy, did	d you give any gifts with a tota	al value of more than \$600 per per	son?	
	N	No.					
		es. Fill in the detail	s for each gift.				

Record # 715612

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Debtor 1 <u>Juan</u> Antonio Silva Case Number (if known) First Name Middle Name Last Name 14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift. Gifts or contributions to charities that Describe what you contributed Date you Value total more than \$600 contributed Religious Donations Maranatha The House of God Monthly \$ 40 4301 W. Diversey Ave Chicago, IL 60639 Part 6: **List Certain Losses** 15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No. Yes. Fill in the details for each gift. **List Certain Payments or Transfers** Part 7: Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Geraci Law L.L.C. \$1,300.00 55 E. Monroe Street #3400 Chicago,IL 60603 **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services 2016 Hananwill Credit Counseling \$25.00 115 N. Cross St Robinson, IL 62454

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Case Number (if known) ___

Silva

Antonio

Juan

	First Name	Middle Name	Last Name				
17	Within 1 year before you filed for promised to help you deal with Do not include any payment or	your creditors or to m	nake payments to your o		nsfer any property to any	yone who	
	☐ No.						
	Yes. Fill in the details.						
			Description and value of a	any property transferred	Date payment or transfer was mad	Amount of payment e	
	Chicagoland & Suburban Lav	v Firm, PC	Cash Payments		2010 - 08/2016	\$425 monthly	
	C/O Amir Mohabbat 248 S. M	larion St. Suite					
	#104 Oak Park, IL 60302						
40							
18	Within 2 years before you filed transferred in the ordinary cour			se transfer any property t	o anyone, other than pr	operty	
	Include both outright transfers Do not include gifts and transfe				rest or mortgage on yoເ	ır property).	
	No.	•	-				
	Yes. Fill in the details for each	h gift.					
19	Within 40 years before you files	l for bonkmintor, did .			aimiles device of which		
15	Within 10 years before you filed beneficiary? (These are often c			y to a sen-settied trust or	Similar device of which	you are a	
	No.						
	Yes. Fill in the details for each	h gift.					
i	List Certain Financial Ac	counts, Instruments, S	afe Deposit Boxes, and S	torage Units			
20	Within 1 year before you filed for sold, moved, or transferred? Include checking, savings, mor houses, pension funds, cooper	ney market, or other fi	nancial accounts; certifi	icates of deposit; shares	-		
		,,, .					
	No.Yes. Fill in the details.						
	res. I ili ili tile details.	Last 4 di	gits of account number	Type of account or	Date account was	Last balance before	
				instrument	closed, sold, moved, or transferred	closing or transfer	
	Credit Union 1	XXX <u>></u>	xxx	Checking	08/2016	\$600	
				Savings			
				Money market			
				☐ Brokerage ☐ Other			
	Credit Union 1	XXX <u>></u>	<u> </u>	Checking Savings	08/2016	\$0	
				Money market			
				Brokerage			
				Other			

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<u>Juan</u> Antonio Silva Case Number (if known) Debtor 1 First Name Middle Name Last Name Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do vou still have it? Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. □ No. Yes. Fill in the details. Where is the property? Describe the property Value 2003 Chevrolet TrailBlazer \$ 1,396 Debtor's residence Debtor's uncle **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Fill in the details. Nature of the case Status of the case Court or agency Give Details About Your Business or Connections to Any Business Part 11:

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Debtor 1	Juan	Antonio	Silva	Case Number (if known)	
	First Name	Middle Name	Last Name		
27 W	ithin 4 years before you f	iled for bankruptcy, did	I you own a business or have an	y of the following connections to any business?	
	☐A sole proprietor or	self-employed in a trad	le, profession, or other activity, e	ither full-time or part-time	
			_C) or limited liability partnership		
	A partner in a partner		, , , ,	` '	
	=	or managing executive	of a corporation		
	= '		uity securities of a corporation		
			,		
	No. None of the above a	pplies. Go to Part 12.			
	Yes. Check all that apply	y above and fill in the de	tails below for each business.		
	-		l you give a financial statement to	o anyone about your business? Include all financial	
in	stitutions, creditors, or o	ther parties.			
	No.				
	Yes. Fill in the details.				
		Date is	sued		
Part 1	Sign Below				
		his 04s4s	:-! A #-:	and I dealers and a second to a first discuss that the	
			•	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud	
			fines up to \$250,000, or imprison		
18 (U.S.C. §§ 152, 1341, 1519,	and 3571.			
×	/s/ Juan Antonio Silv	<i>r</i> a	🗶 /s/ Yamil S	ilva	
	Signature of Debtor 1		Signature of D		
	Date 12/12/2016		Date _12/12/	2016	
	MM / DD / YYY	Y		DD / YYYY	
Did	you attach additional pa	ges to Your Statement	of Financial Affairs for Individua	s Filing for Bankruptcy (Official Form 107)?	
	No				
_	•				
	Yes				
Did	you pay or agree to pay	someone who is not an	attorney to help you fill out bank	cruptcy forms?	
	No				
				Allech the Rendered to Relifica Rendered Nation	
L	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)	

	Caso 16	20/69 Doc 1	Filad 12/15/16	Entered 10/15/10 10:10:10	Daga Main
Fill in this in	formation to identi			Entered 12/15/16 12:19:19 2 of 66	Desc Main
Debtor 1	Juan	Antonio	Silva		
	First Name	Middle Name	Last Name		
Debtor 2	Yamil		Silva		
(Spouse, if filing)	First Name	Middle Name	Last Name		
1	District of <u>ILLINOIS</u>	the : <u>NORTHERN DISTRIC</u> T -	OF ILLINOIS EASTERN (State)		Check if this is an amended filing
Stateme	nt of Intent	tion for Individ	uals Filing Unde	er Chapter 7	1
If you are an in	dividual filing unde	er chapter 7, you must fill o	out this form if:		
■ creditors hav	e claims secured b	y your property, or			
■ you have lea	sed personal prope	erty and the lease has not	expired.		
You must file th	nis form with the co	ourt within 30 days after yo	ou file your bankruptcy peti	tion or by the date set for the meeting of credit	ors,

2/15

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims Part 1: 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? Creditor's ☐ Surrender the property ☐ No name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: _____ securing debt: ☐ No Creditor's ☐ Surrender the property name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: ∏No Creditor's ☐ Surrender the property name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: Creditor's ☐ Surrender the property ∏No name: Retain the property and redeem it □ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: ___ Page 1 of 2 Statement of Intention for Individuals Filing Under Chapter 7 Official Form 108 Record # 715612

Juan First Name Case 16-39468

Doc 1

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Desc Main

List Your Unexpired Personal Property Leases

Е.	For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G),			
fill	in the information below. Do not list real estate leases. <i>Unexpir</i>	ed leases are leases that are still in effect; the lease period has not ye	et	
en	led. You may assume an unexpired personal property lease if t	he trustee does not assume it. 11 U.S.C. § 365(p)(2).		
	Describe your unexpired personal property leases		Will the lease be assumed?	
	_essor's name:		□ No	
			_	
	Description of leased		Yes	
	property:			
	эторогту.			
	_essor's name:		☐ No	
'			Yes	
	Description of leased			
	property:			
	_essor's name:		□No	
-			Yes	
	Description of leased		☐ Yes	
	property:			
	_essor's name:		□No	
			_	
			□Yes	
	Description of leased			
	property:			
			_	
	_essor's name:		□No	
'			□Yes	
	Description of leased			
	property:			
	_essor's name:		□No	
.			_	
	Description of leased		☐Yes	
	property:			
	эторогту.			
	_essor's name:		□ No	
			Yes	
	Description of leased			
	property:			
	Sign Polow			
ľ	art 3: Sign Below			
Unc	er penalty of perjury, I declare that I have indicated my intention	n about any property of my estate that secures a debt and any		
	conal property that is subject to an unexpired lease.	•		
	• • • • • • • • • • • • • • • • • • • •			
X		/s/ Yamil Silva		
	Signature of Debtor 1	Signature of Debtor 2		
	Date Dated: 12/12/2016	Date _ Dated: 12/12/2016		
	MM / DD / YYYY	MM / DD / YYYY		

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re	
Juan Antonio Silva and Yamil Silva / Debtors	Case No:

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

Chapter:

Chapter 7

1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and	that
com	npensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services	
rend	dered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:	

For legal services, I have agreed to accept

Prior to the filing of this statement I have received

Balance Due

\$2,095.00
\$1,400.00
\$695.00

2.	The source	e of the con	pensation	paid to	me was:
----	------------	--------------	-----------	---------	---------

Debtor(s)	Other: (specify
-----------	-----------------

3. The source of compensation to be paid to me is:

Debtor(s)		Other: (specify
-----------	--	-----------------

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 - I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Fee does **NOT** include missed meeting or court dates, amendments to schedules, adversary complaints or conversions to another chapter, judicial lien avoidances, dischargeability actions, other contested matters except the first meeting of creditors.

	CERTIFICATION				
I certify that the foregoing is a complete statement of any agreement or arrangement for					
payment to					
me for representation of the debtor(s) in this bankruptcy proceedings.					
Date: 12/14/2016	/s/ David Kosk				
Date	Signature of Attorney				
	Geraci Law L.L.C.				
	Name of law firm				

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Headquarters: 55 E. Monroe Street, #3400 @ COULTING DESC MORE TO CORNER WWW.INFOTAPES.COM Consultation Attorney: **DKO** Record #: 715-612 Date: 12/12/2016



Retainer Agreement Chapter 7 - Pre-filing

Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by debit only, a flat fee for services before filing in court of \$ at \$ { } today, \$ { } per { } starting { } and \$ { } will obtain from { } within 60 days of today. Bankruptcy is time-sensitivel may pay more than this amount to pre-pay post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing in Court is not included in the pre-filing amount, unless you pay us for it in advance:
After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335, and the flat fee for services after case filing is \$_695_8 \$_1030_ total flat fee. We will present you with an agreement to repay the \$335, and pay a fee for our services after filing through Discharge or case closing without discharge. Whether or not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. You may hire some other law firm to finish your bankruptcy and Geraci Law may withdraw from representing you.
The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition and schedules, means test & statement of financial affairs; phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court.
Flat fee. With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.
Termination . If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. Wisconsin : We will submit any unresolved dispute about the fee to binding arbitration within 30 days of receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund of unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.
Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge: Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: student loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts after filling including HOA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educational course. I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debts and assets on my bankruptcy petition as of the date I sign it. I AGREE TO READ EVERY PAGE AND EVERY LINE OF MY PETITION BEFORE I SIGN IT AND TO MAKE SURE THAT IT IS COMPLETE AND CORRECT. Date: The property of reasons. Debts not discharge imports of all income, expenses, debts and assets on my bankruptcy petition as of the date I sign it. I AGREE TO READ EVERY PAGE AND EVERY LINE OF MY PETITION BEFORE I SIGN IT AND TO MAKE SURE THAT IT IS COMPLETE AND CORRECT.
X Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 161112

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Juan Antonio Silva and Yamil Silva / Debtors

In re

Bankruptcy Docket #	v Docket#	uptcy	Bankru
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Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 715612 B 201A (Form 201A) (11/11) Page 1 of 2

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Form B 201A, Notice to Consumer Debtor(s)

Document In re Juan Antonio

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 12/12/2016	/s/ Juan Antonio Silva
	Juan Antonio Silva
Dated: 12/12/2016	/s/ Yamil Silva
	Yamil Silva
Dated: 12/14/2016	/s/ David Kosk
	Attorney: David Kosk

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abtar	1 Juan	Antonio	Silva	Case Numb	oer (if known)				
ebtor	First Name	Middle Name	Last Name						
Part	6 Answer These Question	s for Reporting Purpos	es	<u> </u>					
-	What kind of debts do you have? 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."								
			No. Go to line 16b. Yes. Go to line 17.						
		16b. Are your o money for a	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			to line 16c. to line 17.			***************************************			
		16c. State the ty	pe of debts you owe	that are not consumer debts or busin	ness debts.	***************************************			
17.	Are you filing under Chapter 7?	∐No. lamı	not filing under Chapt	er 7. Go to line 18.		***************************************			
	Do you estimate that after	Yes. I am 1 admir	iling under Chapter 7 histrative expenses a	 Do you estimate that after any exe re paid that funds will be available to 	mpt property is excluded and distribute to unsecured creditors?				
	any exempt property is	≡ N	O.						
	excluded and administrative expenses	_ □v	es						
	are paid that funds will be	<u>.</u>							
	available for distribution to unsecured creditors?								
		■ 1-49		1 ,000-5,000	2 5,001-50,000				
18.	How many creditors do you estimate that you	■ 1-49 □ 50-99		☐ 5,001-10,000	50,001-100,000				
	owe?	☐ 100-199		1 0,001-25,000	☐ More than 100,000				
		200-999				######################################			
40	New much do you	\$0-\$50,000)	☐ \$1,000,001-\$10 million	□\$500,000,001-\$1 billion				
19.	How much do you estimate your assets to	\$50,001-\$		\$10,000,001-\$50 million	□\$1,000,000,001-\$10 bill				
	be worth?	\$100,001-		☐ \$50,000,001-\$100 million	□ \$10,000,000,001-\$50 bi	llion			
		\$500,001-	1 million	☐ \$100,000,001-\$500 million	☐More than \$50 billion				
	How much do you	\$0-\$50,00)	☐ \$1,000,001-\$10 million	□\$500,000,001-\$1 billion				
20.	estimate your liabilities	\$50,001-\$		☐ \$10,000,001-\$50 million	☐ \$1,000,000,001-\$10 bill				
	to be?	\$100,001	\$500,000	☐ \$50,000,001-\$100 million	□ \$10,000,000,001-\$50 b	illion			
		\$500,001-	\$1 million	☐ \$100,000,001-\$500 million	☐ More than \$50 billion				
Pa	art 7: Sign Below								
	0.5.			l	he information provided is true and				
Foi	ryou	correct.		eclare under penalty of perjury that t					
***************************************		If I have chosen of title 11, Unite under Chapter 7	d States Code. I und	r 7, I am aware that I may proceed, if erstand the relief available under eac	eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed				
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).								
				e chapter of title 11, United States Co					
		with a bankrupt	aking a false stateme cy case can result in 52, 1341, 1519, and 3	fines up to \$250,000, or imprisonme	money or property by fraud in connection nt for up to 20 years, or both.				
***************************************		* A NO	A Sul of Debtor 1	m x	Signature of Debtor 2				
***************************************		Executed	12/2	<u>/</u> 2016 YYYY	Executed on : 12 1 2 /2016 MM / DD / YYYY				

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Fill in this information to identify your case:						
Debtor 1	Juan_	Antonio Middle Name	Silva Łast Name			
Debtor 2	Yamil		Silva			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Cou	rt for the : <u>NORTHERN</u> District of _	(State)			
Case Number (If known)	·					

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

if two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to help you fill out b	ankruptcy forms?
No	
Yes. Name of Person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summary and schedules file	ed with this declaration and that they are true and
correct.	
Signature of Debtor	ehtor 2
Signature or Debtor 1	4 /25016
Date : 10 / 10 / 2016 Date : 10 MM / I	DD / YYYY
•	

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Dabta	- 4	Juan	Antonio	Silva	Case Number (if known)
Debto		First Name	Middle Name	Last Name	
ummaan OA	emmoon.		fied you that y	ou may be liable or potentially liab	le under or in violation of an environmental law?
24	mas	any governmental drift notif	neu you mu y	, and the second	***************************************
		No.			
		Yes. Fill in the details.	- 200		Environmental law, if you know it Date of notice
				Governmental unit	Cavendard and a year of the control
25	Uas	o you notified any governm	ental unit of a	ny release of hazardous material?	
20	_			•	
	_	No.			ECONOMICS CONTROL CONT
		Yes. Fill in the details.	88	•	Environmental law, if you know it Date of notice
austrace.				Governmental unit	
26	Hav	ve vou been a party in any it	udicial or admi	inistrative proceeding under any er	nvironmental law? Include settlements and orders.
-	_				
	=	No.			
	Ц	Yes. Fill in the details.	ŗ		Nature of the case Status of the case
000000000				Court or agency	And the second s
		Give Details About Vous	· Business or C	onnections to Any Business	
	art 1				All and Annual Services
27	Wit	thin 4 years before you filed	for bankrupto	y, did you own a business or have	any of the following connections to any business?
100000000000000000000000000000000000000				a trade, profession, or other activit	
000000000		A member of a limited li	iability compa	ny (LLC) or limited liability partners	ship (LLP)
		A partner in a partnersh	nip		
		An officer, director, or r	managing exe	cutive of a corporation	
49000000		An owner of at least 5%	of the voting	or equity securities of a corporation	on .
00000000		-			
		No. None of the above appli			
42000		Yes. Check all that apply ab	oove and fill in	the details below for each business.	
					and the second
28				cy, did you give a financial stateme	nt to anyone about your business? Include all financial
	ins	stitutions, creditors, or othe	r parties.		
		No.			
		Yes. Fill in the details.			
oo oo oo				Date issued	
F	art 1	2: Sign Below			
					the state of the s
	l ha	ve read the answers on this	Statement of	Financial Affairs and any attachment	ents, and I declare under penalty of perjury that the realing property, or obtaining money or property by fraud
0	ans	wers are true and correct. I	understand to v case can res	sult in fines up to \$250,000, or impr	isonment for up to 20 years, or both.
-	18 (U.S,6, §§ 152, 1341, 1519, an	nd 3571.	•	
			, –	1 ,	
				. 11	
00000	×	: Men by Su		🗴	of Debbar 2
		Signature of Debtor 1		Signature	e of Debtor 2
0000		12 12 -			12.52
		Date	-	Date	M / DD / VVVV
		MM / DD / YYYY		įvi	194 / CD / 1111
					14 1 Fill of a Parlamenter (Official Form 407)?
***************************************	Did	i you attach additional page	s to Your Stat	ement of Financial Affairs for Indiv	iduals Filing for Bankruptcy (Official Form 107)?
200000000		No			
20040000000	Ξ	" =			
	_	Yes			
***************************************	Dic	d you pay or agree to pay so	meone who is	not an attorney to help you fill out	bankruptcy forms?
votoomeen	_	_			
quanting	_	No			Attach the Bankruptcy Petition Preparer's Notice,
NO CONTRACTOR OF THE PARTY OF T		Yes. Name of person			Declaration, and Signature (Official Form 119).
plessageoned					-

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Antonio Silva Case Number (if known)

Middle Name

List Your Unexpired Personal Property Leases Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: □No Lessor's name: Yes Description of leased property: □No Lessor's name: ☐Yes Description of leased property: □No Lessor's name: □Yes Description of leased property: □No Lessor's name: ☐Yes Description of leased property: □No Lessor's name: ☐ Yes Description of leased property: Sign Below Part 3: Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 1 Date Dated: 12 / 12016

Official Form 108

Juan

First Name

Debtor 1

Record # 715612

MM / DD / YYYY

DISCLAIMER Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

 (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2
 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
 b. Failure to keep books and records documenting your financial affairs.
 c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
 d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others
 e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
 f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge rulling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SORE OUR PETITION IS ACCURATE.

is filed in Court and WE HAVE TO READ, CHECK Dated: (3/1/2016	& MAKE SURE OUR PETITION IS ACCURATE IIII	X Date & Sign
-	Juan Antonio Silva	
Dated: 12 12016	Yamil Silva	X Date & Sign

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

in re

Juan Antonio Silva and Yamil Silva / Debtors

Bankruptcy Docket #:

Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

i declare un	IDER PENALTY OF PERJURY THAT THE FOREGOING IS TR	UE AND CORRECT.
Dated: 1 / 1/2016	Juan Antonio Silva	X Date & Sign
Dated: 2 1 2 /2016	Yamil Silva	X Date & Sign

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	Debtor 1	Juan	Antonio	Silva	Cas	se Number (if known) _		
8. Unemployment compansation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here		First Name	Middle Name	Last Name				
8. Unemployment compensation Do not either the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here					2007.00		Debtor 2 or	
8. Unemployment compensation Do not either the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here						\$0.00	\$0.00	***************************************
For you	8. Unem	ployment compe	nsation		_	\$0.00		***************************************
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. 10s.	under	the Social Securi	ty Act. Instead, list it nere	received was a benefit				***************************************
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. 10s								***************************************
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Do not include any benefits received under the social security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. 10a. \$0.00 \$0.00 \$0.00 10b. \$0.00 \$0.00 11c. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. The result is your annual income for this part of the form. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. IL Fill in the mumber of people in your household. 5 13. \$98,480.00 14. How do the lines compare?	bene	fit under the Socia	al Security Act.		_	\$0.00	\$0.00	outhoosenhorousen
10s	Do no	ot include any ber	nefits received under the Social S me, a crime against humanity, or	international or domestic	ceiveu	. 00 00	¢ 0.00	www.commons.need.commons.commons.commons.commons.commons.commons.commons.commons.commons.commons.commons.commo
10b	10a.				-			***************************************
10c. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11					<u>\$</u>	0.00	\$0.00	***************************************
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Part 2: Determine Whether the Means Test Applies to You					_	\$0.00	\$0.00	***************************************
12a. Copy your total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11	11 Calc	ulate vour total c	urrent monthly income. Add line	es 2 through 10 for each Column B.	p.vor.	\$5,156.80 +	\$858.22	= \$6,015.02
12a. Copy your total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11				W				***************************************
12a. Copy your total current monthly income from line 11								
Multiply by 12 (the number of months in a year). 12b. The result is your annual income for this part of the form. 13c. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	12. Calc	ulate your curre	nt monthly income for the year.	Follow these steps:		Copy line 11 here	12a.	\$6,015.02
12b. The result is your annual income for this part of the form. 12b. \$72,180.24 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	12a.						\$	x 12
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Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 13. \$98,480.00	12b.	The result is yo	ur annual income for this part of t	the form.			120.	\$72,100.24
Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	13. Calc	culate the median	family income that applies to y	ou. Follow these steps:				***************************************
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare?	Filli	n the state in which	ch you live.	IL				***************************************
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare?				5				***************************************
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare?				<u> </u>			42.	\$00.480.00
		e 1:-4 -f applic	abla madian income amounts, ac	online using the link speci	itied in the separate		13.	498,400.00
14a Ix ine 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.	14. Ho\	w do the lines co	npare?					
Go to Part 3.	14a.	Go to Part 3.						
14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.	14b.	. Line 12b is m Go to Part 3	nore than line 13. On the top of pa and fill out Form 122A-2.	age 1, check box 2, The pr	resumption of abuse is o	determined by Form	122A-2.	
Part 3: Sign Below	Part	Sign Belov	N .				·	
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.		By signing her	e, I declare under penalty of perju	ury that the information on t	this statement and in an	y attachments is true	e and correct.	
1 () A Silver I del Ri	weekingen	()	A Kil	i M	11.4	1		
Juan Antonio Silva Yamil Silva	***************************************		Juan Antonio Silva		- G	Yamil Silva		
Date:: 12 1 12 12016 Date:: 12 1 12 12016		, Date:: <u>/</u>	<u> </u>		Date:: 12 1	12016	,	
If you checked line 14a, do NOT fill out or file Form 122A-2.		If you checked	l line 14a, do NOT fill out or file F	orm 122A-2.				
If you checked line 14b, fill out Form 122A-2 and file it with this form.	Read Address of the Control of the C							

Record # 715612

Form B 201A, Notice to Consumer Debtor(s)

In re Juan Antonio Silva and Yamil Silva / Debtors

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 1/2 /2016

Juan Antonio Silva

X Date & Sign

Dated: / シ / /ン/2016

Variable Cilera

X Date & Sign

Dated: 12 / 14/2016

Attorney: David Kosk